| Case 17-322 | 211 Doc 1 Filed 10/27/17 Ente | ered 10/27/17 13:15:54 Desc Main |
|--|--|---|
| Fill in this information to ident | Document Page ify your case: | ered 10/27/17 13:15:54 Desc Main 1 of 56 UNITED STATES BANKRUPTCY COURT UNITED STATES BANKRUPTCY COURT UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS NORTHERN DISTRICT OF ILLINOIS |
| United States Bankruptcy Court | for the: | UNITED STATES DISTRICT OF |
| Northern District of Illinois | | - O (AUI) |
| Cope number (() | Observation of the state of the | OCI &I |
| Case number (If known): | Chapter you are filing under: | ALISTEADT, CLLIN |
| | ☐ Chapter 11 ☐ Øhapter 12 | IEFFREY PANAKE 3 |
| | Chapter 13 | JEFFREY P. ALLSTEADT, CLERK U Check if this is an amended filing |
| Official Form 101 | | |
| Voluntary Pet | ition for Individuals Fi | iling for Bankruptcy 12/15 |
| same person must be <i>Debtor 1</i> i Be as complete and accurate as | n all of the forms. possible. If two married people are filing togethe eded, attach a separate sheet to this form. On the | port information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The er, both are equally responsible for supplying correct top of any additional pages, write your name and case number |
| | About Debtor 1: | Aliania di Amerikan menganan |
| Your full name | A think with the above partial for principle and the principle of the prin | About Debtor 2 (Spouse Only in a Joint Case): |
| Write the name that is on your | La Kasha First name Chanta | |
| government-issued picture identification (for example, | First name | First name |
| your driver's license or passport). | Middle pame T | Middle name |
| Bring your picture | JOHNSON | wildle name |
| identification to your meeting with the trustee. | Last name | Last name |
| war are desired. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| KVARATERIA CERBERKA MINISTERIA KATURU MATURU MATUR MATURU MATURU | t takip ri kataliga kooli krooti krooti katali kala kala kala kala kala kala kala k | |
| 2. All other names you have used in the last 8 | NIA | <u>}</u> |
| years | First name | First name |
| Include your married or | Middle name | Middle name |
| maiden names. | Last name | Last name |
| | | |
| | First name | First name |
| | Middle name | Middle name |
| | | |
| | Last name | Last name |
| 3. Only the last 4 digits of | e constitution de tentra de transfer de constitution de consti | |
| your Social Security | xxx - xx - | xxx - xx |
| number or federal Individual Taxpayer | OR - | OR |
| Identification number (ITIN) | 9 xx - xx | 9 xx - xx |

Debtor 1 Case number (if known About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. and Employer I have not used any business names or EINs. **Identification Numbers** (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name EIN EIN 5. Where you live If Debtor 2 lives at a different address: Number Street ZIP Code City ZIP Code County County If your mailing address is different from the one If Debtor 2's mailing address is different from above, fill it in here. Note that the court will send yours, fill it in here. Note that the court will send any notices to you at this mailing address. any notices to this mailing address. Number Street Number Street P.O. Box P.O. Box City ZIP Code City State State ZIP Code 6. Why you are choosing Check one: Check one: this district to file for ☑ Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, bankruptcy I have lived in this district longer than in any I have lived in this district longer than in any other district. other district. I have another reason. Explain. I have another reason. Explain. (See 28 U.S.C. § 1408.) (See 28 U.S.C. § 1408.)

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Case number (if known)

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| H61 | win. | | | z |

Tell the Court About Your Bankruptcy Case

| | | | ********** | | · · · · · · · · · · · · · · · · · · · | | | |
|--------|--|--|-------------------------------|--|---|---|---|--|
| 7. | Bankruptcy Code you | Check of the Check | one. (Fo kruptcy | or a brief description of (Form 2010)). Also, go | each, see <i>Not</i> to the top of p | ice Required by 1 page 1 and check | 1 U.S.C. § 342(b) for Individuals Filing the appropriate box. | |
| | are choosing to file under | ☐ Chapter 7 | | | | | | |
| | | ☐ Cha | pter 1 | 1 | | | | |
| | | Cha | pter 12 | 2 | | | | |
| 141454 | jih il minkhoodhimaasi dhoon dhoodha ka kilan Shiroshiin ka aa aa aa ah aa | Ū Cha | pter 13 | 3 | | | | |
| 8. | How you will pay the fee | ☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or che with a pre-printed address. | | | | | | |
| | | U ,∕ ne App | ed to p lication | oay the fee in install of for Individuals to Pa | lments . If yo av The Filina | u choose this op <i>Fee in Installme</i> | otion, sign and attach the ents (Official Form 103A). | |
| | | | | | | | · | |
| | | By la less pay | aw, a ju than 1 the fee | udge may, but is not 50% of the official po | required to, voverty line that ou choose the | waive your fee, a at applies to you ais option, you m | tion only if you are filing for Chapter 7. and may do so only if your income is ar family size and you are unable to to sust fill out the Application to Have the with your petition. | |
| 9. | Have you filed for bankruptcy within the | □ No | | Bts vs a - O | e "Addichida ah adama a adam a anggangga | 331110 | | |
| | last 8 years? | ⊒YYes. | District | Writern | When | 03/01/2019 MM/DD/YYYY | Case number | |
| | | | District | | | | Case number | |
| | | | D : | | | | | |
| | | | District | | When | MM / DD / YYYY | Case number | |
| 10. | Are any bankruptcy | M No | | Mahin Masar rate and an annual report year, you was a second | entrement opposite the second of the second | | | |
| | cases pending or being filed by a spouse who is | Yes. | Debtor | | | | Relationship to you | |
| | not filing this case with you, or by a business | | District | | | | Case number, if known | |
| | partner, or by an affiliate? | | | | | MM / DD / YYYY | | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | When | MM / DD / YYYY | Case number, if known | |
| 11. | Do you rent your | □ Ņo. | Go to I | line 12. | | 11.P.F. (4. 10.00.11.00.00.00.00.00.00.00.00.00.00.0 | | |
| | residence? | Yes. | reside | nce? | n eviction judg | ment against you | and do you want to stay in your | |
| | | | | o. Go to line 12. | | | | |
| | | | | es. Fill out <i>Initial Statem</i> s bankruptcy petition. | ent About an E | Eviction Judgment | Against You (Form 101A) and file it with | |

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| Debtor | 1 |
|--------|---|
| Deptor | 1 |

Document

Case number (if known

| Are you a sole proprietor | ₩ No. | Go to Part 4. | | | | |
|---|---------------------------|--|---|--|---|--|
| of any full- or part-time business? | ☐ Yes | . Name and location of bu | usiness | | | |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as | | Name of business, if any | | | | |
| a corporation, partnership, or LLC. | | Number Street | T | | | |
| If you have more than one sole proprietorship, use a separate sheet and attach it | | | ···· | 7/- AV | | |
| to this petition. | | City | | · · · · · · · · · · · · · · · · · · · | State | ZIP Code |
| | | Check the appropriate b | ox to describ | e your busines | s: | |
| | | ☐ Health Care Busines | s (as defined | in 11 U.S.C. § | 101(27A)) | |
| | | ☐ Single Asset Real Es | state (as defi | ned in 11 U.S.C | C. § 101(51B |)) |
| | | ☐ Stockbroker (as defin | ned in 11 U.S | S.C. § 101(53A) |) | |
| | | Commodity Broker (a | as defined in | 11 U.S.C. § 10 | 1(6)) | |
| | | None of the above | | | | |
| Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | can set most reany of the | appropriate deadlines. If yent balance sheet, stater nese documents do not example. If am not filing under Cha | you indicate t ment of opera xist, follow the pter 11. | hat you are a s ations, cash-floo e procedure in | mall busines w statement, 11 U.S.C. § | small business debtor so that it is debtor, you must attach your and federal income tax return or in 1116(1)(B). |
| | Yes. | Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| 4: Report if You Own o | r Have | Any Hazardous Prope | erty or Any | Property Th | nat Needs | Immediate Attention |
| Oo you own or have any property that poses or is | Q No | | | | | |
| illeged to pose a threat if imminent and dentifiable hazard to | ☐ Yes. | What is the hazard? | | | | |
| public health or safety? Or do you own any property that needs mmediate attention? | | If immediate attention is | s needed, wh | y is it needed? | | |
| or example, do you own erishable goods, or livestock nat must be fed, or a building nat needs urgent repairs? | | | | | | |
| | | Where is the property? | Number | Street | | |

ZIP Code

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Desc Main

Debtor 1

First Name Middle Name Last Name

Document

Last Name

Case number (if known)____

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| Αl | 00 | ut | D | eb | tor | 1: |
|----|----|----|---|----|-----|----|
| | | | | | | |

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| l am | not | require | d to | receive | a | briefing | about |
|------|-------|---------|------|---------|-----|----------|-------|
| cred | it co | unselir | ıg b | ecause | of: | • | |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing at | out |
|--|-----|
| credit counseling because of: | |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1

Lakasha Charle

Document

Case number (if known)

| 16. | What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | | |
|-----------|--|---|--|---|--|--|--|--|
| у. | you mave. | ☐ No. Go to line 16b. ☐ Yes. Go to line 17. | | | | | | |
| | | 16b. Are your debts primar money for a business or in | ily business debts? Business debt vestment or through the operation of th | s are debts that you incurred to obtain be business or investment. | | | | |
| | | ☐ No. Go to line 16c. ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. State the type of debts you | owe that are not consumer debts or b | usiness debts. | | | | |
| | Are you filing under Chapter 7? | No. I am not filing under Ch | apter 7. Go to line 18. | THE CONTRACT OF THE CONTRACT O | | | | |
| | Do you estimate that after any exempt property is | Yes. I am filing under Chapte administrative expense | er 7. Do you estimate that after any exe s are paid that funds will be available to | empt property is excluded and obstraint of the control of the cont | | | | |
| | excluded and | ☐ No | | | | | | |
| | administrative expenses are paid that funds will be | ☐ Yes | | | | | | |
| | available for distribution to unsecured creditors? | | | | | | | |
| | How many creditors do | 1 1-49 | 1 ,000-5,000 | 25,001-50,000 | | | | |
| | you estimate that you owe? | 50-99 | 5,001-10,000 | 5 0,001~100,000 | | | | |
| | owe: | ☐ 100-199 ☐ 200-999 | 1 0,001-25,000 | ☐ More than 100,000 | | | | |
| 9. | How much do you | \$0-\$50,000 | □ \$1,000,001-\$10 million | □ \$500,000,001-\$1 billion | | | | |
| | estimate your assets to be worth? | \$50,001-\$100,000 | \$10,000,001-\$50 million | ☐ \$1,000,000,001-\$10 billion | | | | |
| | ne worth? | \$100,001-\$500,000 | \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion | | | | |
| is solves | en en fan de strongen fan de sterken fan de strongen fan fan de sterke fan de sterken fan fan de sterken fan d De sterken fan de st | □ \$500,001-\$1 million | □ \$100,000,001-\$500 million | More than \$50 billion - oranical action and action and action ac | | | | |
| | How much do you estimate your liabilities | \$0-\$50,000 | \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | | | |
| | to be? | \$50,001-\$100,000 \$100,001-\$500,000 | ☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million | \$1,000,000,001-\$10 billion | | | | |
| | | \$500,001-\$1 million | \$100,000,001-\$500 million | ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion | | | | |
| Į | 1177 Sign Below | | _ \$1.00,000,001 \$000 Hillinot | Wore that \$50 billori | | | | |
| =oı | you | I have examined this petition, an correct. | d I declare under penalty of perjury tha | t the information provided is true and | | | | |
| | | If I have chosen to file under Chaof title 11, United States Code. I under Chapter 7. | apter 7, I am aware that I may proceed understand the relief available under e | , if eligible, under Chapter 7, 11,12, or 13 ach chapter, and I choose to proceed | | | | |
| | | If no attorney represents me and this document, I have obtained a | I I did not pay or agree to pay someone nd read the notice required by 11 U.S. | who is not an attorney to help me fill out C. § 342(b). | | | | |
| | | I request relief in accordance wit | h the chapter of title 11, United States | Code, specified in this petition. | | | | |
| | | I understand making a false state with a bankruptcy case can result U.S.C. §§ 152, 1341, 1519, a | It in fines up to \$250,000, or imprisonm | g money or property by fraud in connection ent for up to 20 years, or both. | | | | |
| | | * Jahoshe | Golmon * | | | | | |
| | | Signature of Debtor 1 | Signatu | re of Debtor 2 | | | | |
| | | Executed on WM / DD / | Execute | ed on | | | | |
| | | 1711V1 / L/L/ / [| | nging (CR) (Y Y Y Y | | | | |

Entered 10/27/17 13:15:54 Desc Main Case 17-32211 Doc 1 Filed 10/27/17 Document Page 7 of 56 Debtor 1 Case number (if known) I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility For your attorney, if you are to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief represented by one available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no If you are not represented knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. by an attorney, you do not need to file this page. Date Signature of Attorney for Debtor MM DD / YYYY Printed name Firm name Number Street City State ZIP Code Contact phone Email address Bar number State

Filed 10/27/17 Entered 10/27/17 13:15:54 Desc Main Page 8 of 56 **Pocument** Case number tif know For you if you are filing this The law allows you, as an individual, to represent yourself in bankruptcy court, but you bankruptcy without an should understand that many people find it extremely difficult to represent attorney themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. If you are represented by To be successful, you must correctly file and handle your bankruptcy case. The rules are very an attorney, you do not technical, and a mistake or inaction may affect your rights. For example, your case may be need to file this page. dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? □ M€ Yes Yes Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? ☐ No Yes Yes Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? T No ☐ Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an

attorney may cause me to lose my rights or property if I do not properly handle the case.

Signature of Debtor 1 Signature of Debtor 2 Date Date MM / DD / YYYY Contact phone Contact phone Cell phone Cell phone Email address

Debtor 1

| Fill in this in | formation to identify | your case: | | |
|---------------------------------|---------------------------|-------------------------|-----------|--|
| Debtor 1 | Lakasha | Chanta Middle Name | John Son | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Sankruptcy Court for the: | Northern District of II | linois | |
| Case number | (If known) | | | |

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|---|--------------------------------------|
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) | . () |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$ |
| 1b. Copy line 62, Total personal property, from Schedule A/B | <u>\$</u> |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | 50 000 |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ 50,000 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ |
| Your total liabilities | s 50.000 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) | W ~ |
| Copy your combined monthly income from line 12 of Schedule I | <u> </u> |
| E Schodule II Vous Expanses (Official Form 106 I) | |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | s 200 1 |
| | |

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| • | r . | 100 | 4 1. 1 | SM) |
|----------|------------|-----------|-----------|-----------------------|
| Debtor 1 | First Name | LUCATOSVA | Charte Mr | Case number (# known) |

| P | art 4: Answer These Questions for Administrative and Statistical Records | 5 |
|----|---|--|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form. | form to the court with your other schedules. |
| 7. | What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by arr family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. Your debts are not primarily consumer debts. You have nothing to report on this parthis form to the court with your other schedules. | oses. 28 U.S.C. § 159. |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | scome from Official \$ |
| 9. | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | Total claim |
| | From Part 4 on Schedule E/F, copy the following: | |
| | 9a. Domestic support obligations (Copy line 6a.) | \$ |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | s the second sec |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ |
| | 9d. Student loans. (Copy line 6f.) | <u>s. 15,000</u> |
| | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | \$ |
| | 9g. Total. Add lines 9a through 9f. | <u>s 15 000</u> |

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| ' , | | | |
|--|--|--|--|
| Fill in this information to identify your case and t | ais filing: | | |
| Debtor 1 La Vasha Chanto | , Janson | | |
| First Name Middle Name Debtor 2 | Last Name | | |
| (Spouse, If filing) First Name Middle Name | Last Name | | |
| United States Bankruptcy Court for the: Northern District | of Illinois | | |
| Case number | | | Check if this is an |
| <u> </u> | | | amended filing |
| Official Form 106A/B | | | |
| Schedule A/B: Proper | ty | | 12/15 |
| category where you think it fits best. Be as compressible for supplying correct information. If write your name and case number (if known). An | | le are filing together, bo his form. On the top of a | oth are equally |
| | g, Land, or Other Real Estate You Own or Ha | | |
| 7 | rest in any residence, building, land, or similar pro | perty? | |
| No. Go to Part 2. Yes. Where is the property? | | | |
| | What is the property? Check all that apply. | Do not deduct secured da | |
| 1.1. | ☐ Single-family home ☐ Duplex or multi-unit building | the amount of any secure Creditors Who Have Clair | |
| Street address, if available, or other description | Condominium or cooperative | Current value of the | Current value of the |
| | Manufactured or mobile home | entire property? | portion you own? |
| | ☐ Land ☐ Investment property | \$ | \$ |
| City State ZIP Code | - Timacham | Describe the nature of interest (such as fee | |
| | Other | the entireties, or a life | |
| | Who has an interest in the property? Check one | | |
| County | ☐ Debtor 1 only Debtor 2 only | | |
| County | Debtor 1 and Debtor 2 only | Check if this is co | mmunity property |
| · | At least one of the debtors and another | (see instructions) | |
| | Other information you wish to add about this i property identification number: | tem, such as local | |
| If you own or have more than one, list here: | the second secon | | |
| 1.2. | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured cla the amount of any secured Creditors Who Have Clain | d claims on Schedule D: ns Secured by Property. |
| Street address, if available, or other description | Condominium or cooperative Manufactured or mobile home | Current value of the entire property? | |
| | Land Investment property | \$ | \$ |
| City State ZIP Code | T Timechan | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | Who has an interest in the property? Check one. | | |
| | Debtor 1 only | | |
| County | Debtor 2 only Debtor 1 and Debtor 2 only | Check if this is co | mmunity property |
| | At least one of the debtors and another | (see instructions) | mmumry property |
| • | Other information you wish to add about this it | m, such as local | |

Official Form 106A/B

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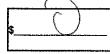
Page 12 of 56 Debtor 1 Case number (if known) What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home Land Investment property Describe the nature of your ownership City State ZIP Code ☐ Timeshare interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other Information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles مادلات Q Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.2. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see

instructions)

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Document Page 13 of 56 Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. 3.4. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year. Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories □ No Yes Who has an interest in the property? Check one. 4.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see Instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.2. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



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Debtor 1

Case number (#known)

| P | nt 3: Describe Your Personal and Household Items | |
|-----|--|--|
| Do | you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| c | Household goods and furnishings | |
| ъ. | Examples: Major appliances, furniture, linens, china, kitchenware | |
| | ☑ No | 1 |
| | Yes. Describe | \$ |
| 7. | Electronics | |
| | Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | |
| | Yes. Describe | \$ |
| 8 | Collectibles of value | |
| J. | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | , f) |
| | Yes, Describe | \$ |
| 9. | Equipment for sports and hobbies | • |
| | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | |
| | □ Yes. Describe | s |
| 10. | Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment | |
| | Yes. Describe | \$ |
| 11. | Clothes | |
| | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | , part of management |
| | Yes. Describe Shoes, Shirts pants Sweaters, socis, TShirts | \$ 1500.0U |
| 10 | Jewelry - | |
| 12, | Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | |
| | ☑ No ☐ Yes, Describe | <u>\$</u> |
| 13. | Non-farm animals | |
| | Examples: Dogs, cats, birds, horses | |
| | ☑ Yes. Describe | |
| | | |
| 14. | Any other personal and household items you did not already list, including any health aids you did not list | |
| | ☑ No ☐ Yes. Give specific information | <u>\$</u> |
| 15. | Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here | <u>s. 1500-20</u> |
| | IVE I BIL V. TITHE BIRL HARINGE INTO | |

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| De | ht | ١, | 4 |
|----|----|----|---|

| Fest Name | Middle Name | Last Name | |
|---|-------------|-------------|---|
| المام ا | AL | asha Charta | 5 |

| Do you own or have any | legal or equitable interest in | any of the following? | | Current value of the portion you own? |
|--|---|--|---------------------------------|--|
| | • | | | Do not deduct secured claims or exemptions. |
| 6. Cash | | | • • • | |
| | have in your wallet, in your hon | ne, in a safe deposit box, and on hand when yo | ou file your petition | |
| No No | | | | |
| ☐ Yes | .,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Cash: | \$ |
| | | | | |
| 7. Deposits of money | | · | | |
| Examples: Checking, s and other s | savings, or other financial accou imilar institutions. If you have m | ints; certificates of deposit; shares in credit uni- ultiple accounts with the same institution, list e | ons, brokerage houses, each. | • |
| ☑ No | | , | • | |
| ☐ Yes | | Institution name: | | |
| | | | | • |
| | 17.1. Checking account: | | | • |
| | 17.2. Checking account: | | | \$ |
| | 17.3, Savings account: | | | \$ |
| • | 17.4. Savings account: | | | \$ |
| | 17.5. Certificates of deposit: | | | \$ |
| | 17.6. Other financial account: | | | \$ |
| | 17.7. Other financial account: | | | \$ |
| | 17.8. Other financial account | *************************************** | | \$ |
| | 17.9. Other financial account: | | | \$ |
| | | | | |
| | | | | |
| | or publicly traded stocks | | | |
| _/ | investment accounts with broke | erage firms, money market accounts | | |
| UYNo □ Yes | - Institution or issuer name; | | | |
| | | | | ¢ |
| | \$14 M 10 M | | | \$ \$ |
| • | | | | \$ |
| | | • | | |
| | | | | |
| and the second of the second o | | rated and unincorporated businesses, Inclu | ding an Interest in | |
| | | | | |
| an L.C. partnership, | | | % of ownership: | |
| an LC, partnership, a No Yes. Give specific | Name of entity: | | % of ownership: | \$ |
| an LLC, partnership, a | | | | \$ \$ |

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alasha Chanta Shnson

| Yes Sea specific information about Institution name Sea | Negotiable instruments Non-negotiable instrum | include personal che | her negotiable and non-negotiable instruments ecks, cashiers' checks, promissory notes, and money orders. annot transfer to someone by signing or delivering them. | |
|--|---|--|--|---|
| Security deposits and prepayments Security deposits and prepayment Security deposits and prepayments Security deposit and prepayments Security deposit on restal unit. Security deposits and prepayments Security deposits and prepaymen | Yes. Give specific Information about | | | s |
| \$ | tnem | | | ÷ |
| 1. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profil-sharing plans No No No | | | | \$ |
| Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Vis. List nach account separately. Type of account: Institution name: | | | | Υ |
| Yes. List each account separately. Type of account Institution name: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: Additional account: S. S. Return Additional account: Additional account: S. S. Return Additional account: Additional account: S. S. S. Retirement account: Additional account: S. Additional account: Additional account: S. Additional account: Additional account: Additional account: S. Ad | Examples: Interests in I | | 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: Additional account: Additional account: S Additional account: Additional account: S Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes Institution name or individual: Electric: Gas: Fleating oi: Security deposit on rental unit: Prepaid rent Telephone: Water: Rented furniture: Other: S Annualties (A contract for a periodic payment of money to you, either for life or for a number of years) ENO | Yes. List each | | | |
| Pension plan: RA: | account separately. | Type of account | Institution name: | |
| Retirement account: Retirement account: S. Additional account: Additional account: S. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples' Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications comparies, or others You share of all unused deposits you have made so that you may continue service or use from a company Examples' Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications comparies, or others You share of all unused deposits you have made so that you may continue service or use from a company Examples' Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications I have been deposited in the comparies of | | 401(k) or similar plan | | \$ |
| Retirement account: Keogh: Additional account: Additional account: S Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Example: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes: Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: S Annutties (A contract for a periodic payment of money to you, either for life or for a number of years) | | Pension plan: | | \$ |
| Keegh: \$ Additional account \$ Additi | | IRA: | | \$ |
| Keegh: \$ Additional account \$ Additi | | Retirement account | | \$ |
| Additional account: Additional account: S Additional account: S Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent Telephone: Water: Rented furniture: Other: S Annotties (A contract for a periodic payment of money to you, either for life or for a number of years) | | | | |
| Additional account: 2. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No | | - | • | • |
| 2. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No | | Additional account: | | <u> </u> |
| Your share of all unused deposits you have made so that you may continue service or use from a company Examples' Agreements with landlords, prepald rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: Electric: Gas: Heating oit: Security deposit on rental unit: Prepald rent Telephone: Water: Rented furniture: Other: S. Annutties (A contract for a periodic payment of money to you, either for life or for a number of years) | | Additional account: | | \$ |
| Yes Institution name or individual: | | | made so that you may continue service or use from a company | |
| Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: 3. Annutties (A contract for a periodic payment of money to you, either for life or for a number of years) | Your share of all unused Examples: Agreements companies, or others | d deposits you have | made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications | · |
| Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: 3. Annutties (A contract for a periodic payment of money to you, either for life or for a number of years) | Your share of all unused Examples: Agreements companies, or others No | d deposits you have with landlords, prepare | aid rent, public utilities (electric, gas, water), telecommunications | · |
| Security deposit on rental unit: Prepaid rent | Your share of all unused Examples: Agreements companies, or others No | d deposits you have with landlords, prepa | aid rent, public utilities (electric, gas, water), telecommunications | |
| Prepaid rent Telephone: Water: Rented furniture: Other: S | Your share of all unused Examples: Agreements companies, or others | d deposits you have with landlords, prepared in the landlords of the landl | aid rent, public utilities (electric, gas, water), telecommunications | \$ \$ |
| Telephone: Water: Rented furniture: Other: S Annulties (A contract for a periodic payment of money to you, either for life or for a number of years) | Your share of all unused Examples: Agreements companies, or others No | d deposits you have with landlords, prepared in the second | aid rent, public utilities (electric, gas, water), telecommunications | \$ \$ |
| Water: Rented furniture: Other: S Other: S Annufties (A contract for a periodic payment of money to you, either for life or for a number of years) | Your share of all unused Examples: Agreements companies, or others | d deposits you have with landlords, prepared to the landlords of the landl | aid rent, public utilities (electric, gas, water), telecommunications | \$\$ |
| Rented furniture: Other: S Annuaties (A contract for a periodic payment of money to you, either for life or for a number of years) | Your share of all unused Examples: Agreements companies, or others | d deposits you have with landlords, prepared to the landlords of the landl | aid rent, public utilities (electric, gas, water), telecommunications | \$\$ \$\$ |
| Other: S. Annufties (A contract for a periodic payment of money to you, either for life or for a number of years) No | Your share of all unused Examples: Agreements companies, or others | d deposits you have with landlords, prepared tenting oil: | aid rent, public utilities (electric, gas, water), telecommunications | \$\$ \$\$ \$\$ |
| 3. Annulties (A contract for a periodic payment of money to you, either for life or for a number of years) No | Your share of all unused Examples: Agreements companies, or others No | d deposits you have with landlords, prepared to the deposit on the | aid rent, public utilities (electric, gas, water), telecommunications | \$\$ \$\$ \$\$ \$\$ |
| S No | Your share of all unused Examples: Agreements companies, or others | d deposits you have with landlords, prepared leaves and landlords are leaves as a land land land land land land land la | aid rent, public utilities (electric, gas, water), telecommunications | \$\$ \$\$ \$\$ |
| S No | Your share of all unused Examples: Agreements companies, or others No | d deposits you have with landlords, prepared to the deposit on the deposit of the deposit on the deposit of the | aid rent, public utilities (electric, gas, water), telecommunications | \$\$ \$\$ \$\$ \$\$ |
| S No | Your share of all unused Examples: Agreements companies, or others No | d deposits you have with landlords, prepared to the deposit on the deposit of the deposit on the deposit of the | aid rent, public utilities (electric, gas, water), telecommunications | \$\$ \$\$ \$\$ \$\$ |
| | Your share of all unused Examples: Agreements companies, or others No Yes | d deposits you have with landlords, prepared to the street of the street | aid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Eental unit: | \$\$ \$\$ \$\$ \$\$ \$\$ |
| \$ | Your share of all unused Examples: Agreements companies, or others No Yes | d deposits you have with landlords, prepared to the street of the street | aid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Eental unit: | \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ |
| \$ | Your share of all unused Examples: Agreements companies, or others No Yes | d deposits you have with landlords, prepared to the street of the street | aid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Institution name or individu | \$\$ \$\$ \$\$ \$\$ \$ |
| | Your share of all unused Examples: Agreements companies, or others No Yes | d deposits you have with landlords, prepared to the street of the street | aid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Institution name or individu | \$\$ \$\$ \$\$ \$\$ \$\$ |

Debtor 1

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Case number (# known)_

| 26 U.S.C. §§ 530(b)(1), 529A(b), and 529 | count in a qualified ABLE program, or under a qualified st | ate tuition program. | |
|---|---|--|--|
| ⊠ No | | | |
| YesInstitution | name and description. Separately file the records of any inter | ests.11 U.S.C. § 521(c |): |
| | | | • |
| manus analysis | | | |
| -,, , | | | \$ |
| | | | \$ |
| 25. Trusts, equitable or future interests in exercisable for your benefit | property (other than anything listed in line 1), and rights o | or powers | |
| No | | | |
| Yes. Give specific | | | 7 |
| information about them | | | \$ |
| <u> </u> | | ************************************** | 1 |
| 26. Patents, copyrights, trademarks, trade | | | |
| | tes, proceeds from royalties and licensing agreements | | |
| 2 No | | | . |
| Yes. Give specific | | | s |
| information about them | | |] • |
| 27. Licenses, franchises, and other general Examples: Building permits, exclusive lice ☐ No ☐ Yes. Give specific information about them | al intangibles enses, cooperative association holdings, liquor licenses, profe | ssional licenses | \$ |
| | | | |
| Money or property owed to you? | | | Current value of the portion you own? |
| | | | Do not deduct secured |
| | | • | claims or exemptions. |
| 28. Tax refunds owed to you | | | |
| ☑′ No | | | |
| Yes. Give specific information about them, including whether | | Federal: | |
| you already filed the returns | | State: | |
| and the tax years | | Local: | · i |
| en e | | | |
| 29. Family support Examples: Past due or lump sum alimony | , spousal support, child support, maintenance, divorce settlerr | nent, property settlemen | redivision in the control of the con |
| ☑ No | | | K-Path |
| Yes. Give specific information | | | _ |
| | | Alimony: | \$ |
| | | Maintenance: | \$ |
| | | Support | \$ |
| | | Divorce settlement | \$ |
| | | Property settlement | \$ |
| 30. Other amounts someone owes you | | | |
| Examples: Unpaid wages, disability insura | ance payments, disability benefits, sick pay, vacation pay, wor | kers' compensation, | leg special sp |
| | d loans you made to someone else | | |
| No | | | |
| Yes. Give specific information | | | \$ |
| | | | - |

Debtor 1

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Debtor 1 First Name Middle Name Last Name Case number (# known)

| ray or on the ray of the territories of the extraorder of the above the action as the better to the te | April 10 Transport | | |
|--|--|--|------------------------------|
| 31. Interests in insurance policies | | | |
| Examples: Health, disability, or life insurar | nce; health savings account (HSA | \); credit, homeowner's, or renter's insurance | |
| ₩ No | | | |
| | | | |
| Yes. Name the insurance company of each policy and list its value | Company name: | Beneficiary: | Surrender or refund value: |
| or each policy and list its value | • | | |
| | | | \$ |
| | | | \$ |
| | | | • |
| | | | 9 |
| 32. Any interest in property that is due you | from someone who has died | | |
| | | ance policy, or are currently entitled to receive | |
| property because someone has died. | • | | |
| E No | | | |
| Yes. Give specific information | | | |
| - 1cs. Give specific known about | | | \$ |
| | | | |
| 33. Claims against third parties, whether or | r not you have filed a lawsuit o | r made a demand for payment | |
| Examples: Accidents, employment dispute | | | |
| □ No | | | |
| _ | | | 7 |
| Yes. Describe each claim, | | • | |
| | | | |
| 34. Other contingent and unliquidated claim | ns of every nature, including co | ounterclaims of the debtor and rights | |
| to set off claims | - | | |
| ☑ No | | | |
| Yes. Describe each claim. | | | |
| | | | \$ |
| | | | - |
| | | | |
| 35. Any financial assets you did not already | v list | | : |
| and the second | , | | : |
| <u>Ja</u> No ∣ | | | |
| Yes. Give specific information | | | s |
| i | | | |
| | | | |
| 36. Add the dollar value of all of your entries | | | |
| for Part 4. Write that number here | , | | |
| | | | |
| to a leasy time which we the real or early times were proof designation of the Color Color Section and the | unicario de terretario cum Martinero cum la serio se estretario de estreta de la compania de la compania de la La compania de la co | a. 19. nord - Constitution of man on an annual method the same assertance meet on the Constitution for Security of two | v <u>'''</u> |
| | | | |
| Part 5: Describe Any Business- | Related Property You Or | wn or Have an Interest In. List any r | eal estate in Part 1. |
| | | | |
| 37. Do you own or have any legal or equital | ble interest in any business-rel | ated property? | |
| No. Go to Part 6. | | | |
| Yes. Go to line 38. | | | Ş |
| Yes. Go to line 38. | | | |
| | | | Current value of the |
| | | | portion you own? |
| | • | | Do not deduct secured claims |
| | | | or exemptions. |
| 38. Acceunts receivable or commissions yo | ou aiready earned | | #. ? |
| ☑ No | • | | 1 |
| | | | ٦ · |
| Yes. Describe | | | ارد پا |
| | | | / |
| 39. Office equipment, furnishings, and sup | -ti | | Applicate. |
| | piles | | |
| Examples: Business-related computers, sonware | | nines, rugs, telephones, desks, chairs, electronic devices | |
| <i>,</i> | | nines, rugs, telephones, desks, chairs, electronic devices | dimentically |
| Ø No | | nines, rugs, telephones, desks, chairs, electronic devices | 7 |
| · · · | | nines, rugs, telephones, desks, chairs, electronic devices | \$ |

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Case number (tricom)

| 40 Machinery, fixtures. | equipment, supplies you use in business, and tools of your trade | |
|--------------------------------|---|--|
| 70 No | odnihinnih anbhum kan am maningo, ana teoro e, ken man | |
| Yes. Describe | | |
| | | *************************************** |
| . / | | |
| 41.Inventory | pr. v | |
| Yes. Describe | | \$ |
| | | |
| 42. Interests in partners | hips or joint ventures | |
| No | • • | |
| Yes. Describe | Name of entity: % of owner | rship: |
| | | \$ |
| | <u> </u> | |
| | | \$ |
| | ng lists, or other compliations | |
| No | ng lists, or other compliations | |
| | s include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | |
| □ No | | |
| ☐ Yes. Des | cribe | \$ |
| | | P |
| 44. Any business-related | l property you did not already list | • |
| -D No | | |
| Yes. Give specific information | | \$ |
| ir itoritization | | \$ |
| | | \$ |
| | | \$ |
| | | s |
| | | \$ |
| | | |
| | of all of your entries from Part 5, including any entries for pages you have attached number here | |
| | | |
| manage, ex-almente ex- | | والمراقع والمراقع والمراقع والمراقع المراقع المراقع والمراقع والمراقع والمراقع والمراقع والمراقع والمراقع والم |
| | ny Farm- and Commercial Fishing-Related Property You Own or Have an Inte | rest In. |
| If you own o | r have an interest in farmland, list it in Part 1. | , |
| 46 Do whi own or have | any legal or equitable interest in any farm- or commercial fishing-related property? | |
| No. Go to Part 7. | any legal of equitable interest in any farin- of confiderati histology elated property? | |
| Yes. Go to line 47. | | |
| | | Current value of the |
| | | portion you own? Do not deduct secured claims |
| | | of exemptions, |
| 47. Farm animals | poultry, farm-raised fish | T-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7 |
| No Examples: Livestock, | oodu y, tattiriaiseu listi | An interest |
| Yes | | |
| | | |
| | | \$ |

Debtór 1

Case number (if kni Debtor 1 48. Crops-either growing or harvested Q∕No. Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade Q Yes.. 50. Farm and fishing supplies, chemicals, and feed Ø No Yes. 51. Any farm- and commercial fishing-related property you did not already list Ø No Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership NO No ☐ Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61. Copy personal property total -> 63. Total of all property on Schedule A/B. Add line 55 + line 62.

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| Fill in this in | formation to identify y | our case: | |
|---------------------------------|-----------------------------|--------------------------|--------------------|
| Debtor 1 | lakasha First Name | Chahta Middle Name | JDMSN Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States I | Bankruptcy Court for the: N | lorthern District of III | inois |
| Case number (If known) | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| ŀ | art 1: Identify the Property You Claim | as Exempt | | |
|----|--|--------------------------------------|---|------------------------------------|
| | Which set of exemptions are you claiming? You are claiming state and federal nonbank You are claiming federal exemptions. 11 U | kruptcy exemptions. 11 | | |
| 2. | For any property you list on Schedule A/B ti | nat you claim as exem | pt, fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| | Brief description: | \$ | D \$ | - |
| | Line from Schedule A/B: | | any applicable statutory limit | |
| | Brief description: | \$ | Q \$ | |
| | Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| | Brief description: | \$ | D \$ | |
| | Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| 3. | | • • | | |
| | (Subject to adjustment on 4/01/19 and every 3 y | ears after that for case | s filed on or after the date of adjustment.) | |
| | Yes. Did you acquire the property covered b | y the exemption within | 1,215 days before you filed this case? | |
| | ☐ Yes | | | |

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Debtor 1

First Name

| La | 1castra | Ante | Johnsol |
|-------------|----------|------|---------|
| Middie Name | Last Nam | e | |

Case number (# known)

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemption |
|---|--------------------------------------|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption |
| Brief | s () | □ \$ |
| description: Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit |
| Brief description: | \$(| <u></u> \$ |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit |
| Brief description: | \$ | |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit |
| Brief | s () | |
| description: Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit |
| Brief description: | s | Q \$ |
| Line from Schedule A/B: ——— | | 100% of fair market value, up to any applicable statutory limit |
| Brief description: | \$ | _ \$ |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit |
| Brief | s () | |
| description: Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit |
| Brief description: | s | |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit |
| Brief description: | s | |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit |
| Brief description: | <u>\$</u> | s |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit |
| Brief description: | s | s |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit |
| Brief description: | s | s |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit |

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| Fill in this information to identify your ca | 15 0 : | | | |
|---|---|--|--|---|
| Debtor 1 LaVada C | hanta Johnson | | | |
| First Name Middle | Name Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name Middle | : Name Last Name | | | |
| United States Bankruptcy Court for the: Northern | n District of Illinois | | | |
| Case number | | | | |
| (If known) | | | | if this is an ed filing |
| | | | amend | od imig |
| Official Form 106D | | | | |
| Schedule D: Creditor | rs Who Have Claims Secur | ed by Prope | ertv | 12/15 |
| additional pages, write your name and ca 1. Do any creditors have claims secured | • | and attach it to this fo | rm. On the top of | t any |
| Yes. Fill in all of the information below | | ing eac to report our and | IOIIII. | |
| Part 1: List All Secured Claims | | | | |
| | | Column A | lumn B | Column C |
| for each claim. If more than one creditor if | nore than one secured claim, list the creditor separately nas a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name. | Amount of claim : V Do not deduct the th | alue of collateral at supports this aim | Unsecured portion |
| 2.1] | Describe the property that secures the claim: | \$\$ | anterior de production de la constant de la constan | rencedent den errei B |
| Creditor's Name | | 7 | | |
| Number Street | • | | | |
| | As of the date you file, the claim is: Check all that apply. | - | | |
| | Contingent ☐ Unliquidated | | | |
| City State ZiP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a | Other (including a right to offset) | - | | |
| community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| Creditor's Name | Describe the property that secures the claim: | \$ \$_ | \$ | |
| | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| | ☐ Unliquidated | | • | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one, | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | • | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| Add the dollar value of your entries in C | olumn A on this page. Write that number here: | <u> </u> | *************************************** | *************************************** |

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Debtor 1 First Name Middle Name Last Name Case number (#Anown)_

| | | 12分别 现代的 | | Column C |
|--|---|--|--|-------------------|
| Additional Page Part 1: After listing any entries on this page by 2.4, and so forth. | page, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral | Column B. Value of collateral that supports this claim | Unsecured portion |
| Peoples GAS | Describe the property that secures the claim: | <u>\$9000</u> | \$: | \$ |
| Creditor's Name 200 & Rando OM Number Street | 900 5 400 Justine | | | |
| City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | • | | |
| Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred | Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number | | | |
| Dept of Education | Describe the property that secures the claim: | \$ 15000 | s 5 | . |
| Creditor's Name Number | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | · | |
| Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | | |
| Date debt was incurred DI-2000 | Last 4 digits of account number 3 49 | | | |
| Creditor's Name Number Street | Describe the property that secures the claim: | <u> </u> | \$\$ | |
| Orland Par TI 60467 City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | |
| Whe owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | | |
| Date debt was incurred 5001 | Last 4 digits of account number 34 4 | AL MAN | 1 | |
| | in Column A on this page. Write that number here: | <u>s 86500,00</u> | | |
| if this is the last page of your form, Write that number here: | add the dollar value totals from all pages. | \$ | | |

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| Dabies | |
|--------|--|

Case number (if known)_

| Part 2: | ist Others to Be Notifi | ed for a Debt | That You Aiready | Listed |
|--------------------------------|------------------------------|---------------------------------------|--|---|
| agency is tryi you have mor | ng to collect from you for a | debt you owe to of the debts that | someone else, list the you listed in Part 1, lis | debt that you already listed in Part 1. For example, if a collection creditor in Part 1, and then list the collection agency here. Similarly, if at the additional creditors here. If you do not have additional persons to |
|] \ | ins ola | | | On which line in Part 1 did you enter the creditor? |
| Name | us viva | | | Last 4 digits of account number 3 19 |
| 1 | 0707 W15 | 9m | | confirms abstract purchase Seasons |
| Number | Street | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| | land Pull | <u> </u> |)407 | |
| City | | State | ZIP Code | |
| _ | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | |
| Manine | Ottobi | | | |
| | | | | - |
| City | | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Maitic | | | | Last 4 digits of account fidiliber |
| Number | Street | | | |
| | | | | |
| | | | | |
| City | | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | ···· | Last 4 digits of account number |
| | | | | |
| Number | Street | | | • |
| | | | | |
| | | C4-4- | 710 0 - 4 | • |
| City · | | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | |
| Henrica | Gucci | | | |
| | | | | |
| City | | State | ZIP Code | |
| | | · · · · · · · · · · · · · · · · · · · | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| HAINE | | | | mast T digital or account indinati |
| Number | Street | | | |
| | | | | |
| | | | | No. |
| City | | State | ZIP Code | • |

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| מ | Debtor 1 First Name Middle Name Applies of First Name Middle Name Middle Name Middle Name Middle Name Inited States Bankruptcy Court for the: Northern District | Last Name Last Name of Illinois | г | Check if this is an |
|---------------------------------|---|---|---|---|
| | ase number If known) | | | amended filing |
| 0 | fficial Form 106E/F | | | |
| S | chedule E/F: Creditors W | ho Have Unsecured Clai | ms | 12/15 |
| Lis A/E cre nec any | t the other party to any executory contracts or u 3: Property (Official Form 106A/B) and on Sched- editors with partially secured claims that are listed eded, copy the Part you need, fill it out, number to y additional pages, write your name and case nu | , , | list executory contract (Official Form 106G). I ured by Property. If mo | is on <i>Schedule</i> Do not include any ire space is |
| 60.95 | irt 1: List All of Your PRIORITY Unsecure | | | |
| | each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the c | editor has more than one priority unsecured claim, list a claim has both priority and nonpriority amounts, list claims in alphabetical order according to the creditor's Part 1. If more than one creditor holds a particular clai | that claim here and show name. If you have more | v both priority and than two priority |
| | (For an explanation of each type of claim, see the in | nstructions for this form in the instruction booklet.) | | ority |
| 2.1 | Illinois bllwar | Last 4 digits of account number | <u>. 3000 .</u> | \$\$ |
| | Priority Creditor's Name Po B S S 4 4 Number Street | When was the debt incurred? 2009 | | |
| | CHGO FI GO G SO City State ZIP Code | As of the date you file, the claim is: Check all that app Contingent Unliquidated | oly. | |
| | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only | Disputed Type of PRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | Domestic support obligations | | |
| | At least one of the debtors and another Check if this claim is for a community debt | Taxes and certain other debts you owe the government | t | |
| | Is the claim subject to offset? ☐ No ☐ Yes | Claips for death or personal injury while you were intoxicated Other, Specify | _ | • |
| 2.2 | Chase Bank | Last 4 digits of account number | \$ 500 \$ | \$ |
| | Priority Creditor's Name 3 3 W III 10 5 Number Street | When was the debt incurred? 2014 | | |
| | City State ZIP Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed | ły. | |
| | Debtor 1 only Debtor 2 only | Type of PRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | Domestic support obligations Taxes and certain other debts you owe the government. | | • |
| | At least one of the debtors and another | Claims for death or personal injury while you were | • | |
| | Check if this claim is for a community debt | Intoxicated Other, Specify Bank act | | |
| | Is the claim subject to offset? | - Outer, opening | | |

Debtor 1 Your PRIORITY Unsecured Claims - Continuation Page Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim. Priority Nonpriority amount amount Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent ☐ Unliquidated ☐ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? □ No Q√Yes Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ☐ Disputed Who jacurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent ☐ Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt is the claim subject to offset? D Nó ☐ Yes

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Debtor 1

Document

Case number (if known)___

| | 11949 LIST All OI TOUT NOMPRIORITE ONSECUIEU | Viditilo |
|-----|---|--|
| 3. | Do apy creditors have nonpriority unsecured claims ag No. You have nothing to report in this part. Submit this to | • |
| 4. | nonpriority unsecured claim, list the creditor separately for a | nabetical order of the creditor who holds each claim. If a creditor has more than one each claim. For each claim listed, identify what type of claim it is. Do not list claims already lar claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured |
| | - | Total claim |
| 4.1 | } | Last 4 digits of account number |
| | Nonpriority Creditor's Name | When was the debt incurred? |
| | Number Street | Asses Age me near mented. |
| | Number Suest | |
| | City State ZiP Code | As of the date you file, the claim is: Check all that apply. |
| | W | Contingent |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Unliquidated · · · · · · · · · · · · · · · · · · · |
| | Debtor 2 only | wa Disputore |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| | At least one of the debtors and another | Student loans |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts |
| | □ No □ Yes | Cl Other. Specify |
| | | |
| 4.2 | | Last 4 digits of account number \$ |
| | Nonpriority Creditor's Name | When was the debt incurred? |
| | Number Street | |
| | City State ZiP Code | As of the date you file, the claim is: Check all that apply. |
| | | Contingent Unliquidated |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed |
| | Debtor 2 only | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| | At least one of the debtors and another | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce |
| | Check if this claim is for a community debt | that you did not report as priority claims |
| | is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other, Specify |
| | ☐ No☐ Yes | — Odion oponi |
| 4.3 | | |
| | Nonpriority Creditor's Name | Last 4 digits of account number\$ |
| | | Atten was the deprincipled: |
| | Number Street | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. |
| | Who incurred the debt? Check one. | ☐ Contingent ☐ Unliquidated |
| | Debtor 1 only | ☐ Disputed |
| | Debtor 2 only | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Type of NONPRIORITY unsecured claim: |
| | ☐ Check if this claim is for a community debt | Student loans Obligations arising out of a separation agreement or divorce |
| | Is the claim subject to offset? | that you did not report as priority claims |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |
| | Yes | W Outer Specify |
| | | |

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| Debtor | 1 |
|--------|---|

| First Name | Middle Name | Last Name | - h1(~! | Tripo, I | Case number (# known) | |
|------------|-------------|-----------|---------|----------|-----------------------|--|
| | 10Va | Jan 1 | Mania | Mason | | |

| ter listing any entries on this page, number them beginning wi | ith 4.4, followed by 4.5, and so forth. | Total claim |
|--|--|-------------|
| _ | Last 4 digits of account number | _ |
| Nonpriority Creditor's Name | When was the debt incurred? | 5 |
| Number Street | As of the date you file, the claim is: Check all that apply. | • |
| City State ZIP Code | ☐ Contingent | |
| Who incurred the debt? Check one. | Unliquidated | |
| Debtor 1 only | ☐ Disputed | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | |
| At least one of the debtors and another | Student loansObligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| • | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | Other. Specify | |
| □ No □ Yes | | |
| | Last 4 digits of account number | \$ |
| Nonpriority Creditor's Name | When was the debt incurred? | - |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent Unliquidated | |
| Who incurred the debt? Check one. | ☐ Disputed | |
| Debtor 1 only | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | Other, Specify | |
| □ No | | |
| ☐ Yes | | |
| | Last 4 digits of account number | \$ |
| Nonpriority Creditor's Name | | |
| | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent | |
| Who incurred the debt? Check one. | Unliquidated | |
| Debtor 1 only | ☐ Disputed | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | |
| At least one of the debtors and another | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| | | |
| | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |

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Debtor 1

Case number (if known)

rs to Be Notified About a Debt That You Already Listed

| ditional creditors here. If you do not have additional pers | we more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|--|---|
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| ame | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| umber Street | Part 2: Creditors with Nonpriority Unsecured Cla |
| | |
| | Last 4 digits of account number |
| ity State ZIP Code | |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| ame | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber Street | Part 2: Creditors with Nonpriority Unsecured |
| GITIDOI GGOCK | Claims |
| | Last 4 digits of account number |
| ity State ZIP Code | Last 4 digits of account number |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| iumber Street | Part 2: Creditors with Nonpriority Unsecured Claims |
| | |
| ity State ZIP Code | Last 4 digits of account number |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| ame | |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber Street | Part 2: Creditors with Nonpriority Unsecured Claims |
| | CARRO |
| żty State ZIP Code | Last 4 digits of account number |
| AY | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | On which entry in Part 1 of Part 2 did you list the original crounts. |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber Street | Part 2: Creditors with Nonpriority Unsecured |
| A STATE OF THE STA | Claims |
| | Last 4 digits of account number |
| ity State ZIP Code | On the transit David or Bod 2 did you that the existent and the existent |
| łame | On which entry in Part 1 or Part 2 did you list the original creditor? |
| , | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber Street | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| | Last 4 digits of account number |
| | |
| City State ZIP Code | |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Sity State ZIP Code | |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Name | |

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Debtor 1

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

Total claim

- 6a.
- 6b.

Total claim

- 6g.
- 6h.

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| AGE COM | • | t | | | | | | • | | | | |
|---------|---------------------------|---------------------------------|---|--|--|------------------------------|-----------------------|------------------------------------|---------------------------------|--------------------------|-----------------------------|-------------|
| Fi | l in this in | formation to | identify your o | case: | Johnson |)/ | | | | | | |
| De | btor | First Name | Mid | dle Name | Last Na | | | | | | | |
| | btor 2 ouse if filing) | First Name | Mid | dle Name | Last Na | me | | | | | | |
| Un | ited States | Bankruptcy Cour | t for the: Northe | ım District | of Illinois | | | | | | | |
| | se number known) | | | | | | | | | <u> </u> | Check if this amended fil | |
| ~ - | · · · · · · · | - 404 | 20 | | | | | | | | | |
| | | Form 106 | | | | | | | | | | |
| | | | | | ontracts | | | | | | 12/ | 15 |
| info | rmation. l | f more space | ite as possible is needed, cop ir name and ca | py the add | iarried people a ditional page, fil er (if known). | re filing to I it out, nu | gether, I Imber th | both are equally ne entries, and a | y responsible to this | for supplying page. On t | ng correct he top of any | |
| 1. | Ø No. C | heck this box | and file this for | m with the | cpired leases? court with your of f the contracts or | | | | | | 5A/B). | |
| 2. | List sepa | rately each po rent, vehicle | erson or comp | any with | whom you have the instructions f | the contr | act or le | ease. Then state | what each co | ntract or le | ase is for (for | ts and |
| | Person o | r company w | ith whom you | have the | contract or leas | e | | State what the | contract or le | ase is for | | . • |
| ; | | | , | • • | | | | ere. | | | | |
| 2.1 | Ni | | | | | | | | | | | |
| | Name | | | | | | _ | | | | | |
| | Number | Street | | | | | | | | | | |
| er en | City | | State | ZIP Code |) | | | | *********** | | | |
| 2.2 | | | | | · | | _ | | | | | |
| | Name | | | | | | | | | | | |
| | Number | Street | | | | | • | | | | | |
| | City | | State | ZIP Code | • | | | | ab quart built had made of days | | | |
| 2.3 | | | | | | | - | | | | | |
| | Name | | | | | | | | | | | |
| | Number | Street | | | | | | | | | | |
| | City | | State | ZIP Code |) | | · | | | · · | | ··· |
| 2.4 | | | | ······································ | | | | | | | | |
| | Name | | | | | | | | | | | |
| | Number | Street | ······································ | | | | • | | | | | |
| | City | | State | ZIP Code | <u> </u> | | · | ····· | | | | |
| 2.5 | | | | | TO THE OWNER OF THE OWNER | | | | | | | |
| | Name | | | | | | | | | | | |
| | Number | Street | | | | | • | | | | | |
| | City | | State | 7IP Code | | | | | | | | |

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| | | ı | Layas | sha C. | Johnso | | Case number (# known) | |
|--|-------------|--|--|---|--|--|--|--|
| Debt | or 1 | First Name | Middle Name | Last Name | | • | Gast Hulling & North | |
| | | | Page if You Ha | and the second second | | ases | | |
| | | or company | with whom you | have the cont | ract or lease | | What the contract or lease is for | |
| 2.2 | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | |
| | Name | | | | | | | |
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| 2 | N | | | | | | | |
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| 2 | | | | | | | | ٠. |
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| 2 | | | | | | | | |
| | Name | | | | | | | |
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| 2 | | | and the second s | , , , , , , , , , , , , , , , , , , , | | *************************************** | General Section (Control of the Control of the Cont | |
| | Name | | , | | Luine Lui | | | |
| | Number | Street | | | | | | · |
| | City | | State | ZIP Code | | | | |
| 2 | | | | ······································ | | | | |
| | Name | | | | | | in the second of | |
| and the same of th | Number | Street | | | | | | |
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| 2 | <u></u> | | | | <u> </u> | | | <u> </u> |
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| 2 | | | | Water the Control of | | E.T. Carles Control of the Control o | мария мінді за сина 1.34 (1.3 | |
| | Name | | | | | ***** | | |
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| L | | and the second s | | | | | | |

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| , | MANAGERIALANIA ST |
|---|---|
| Fill in this information to identify your case: | |
| Debtor 1 Lakasing C Johnson | |
| First Name . Middle Name Last Name | |
| Debtor 2 (Spouse, If filing) First Name Middle Name Last Name | |
| United States Bankruptcy Court for the: Northern District of Illinois | |
| Case number | |
| (If known) | Check if this is a |
| | amended filing |
| Official Form 106H | |
| Schedule H: Your Codebtors | 12/15 |
| Codebtors am poonin or entities who are also liable for any debts you may ha | ve. Be as complete and accurate as possible. If two married peop |
| are filing together, both are equally responsible for supplying correct informa and number the entries in the boxes on the left. Attach the Additional Page to case number (if known). Answer every question. | tion. If more space is needed, copy the Additional Page, till it out, |
| 1. Do you have any codebtors? (If you are filing a joint case, do not list either s | pouse as a codebtor.) |
| No No | |
| ☐ Yes | |
| 2. Within the last 8 years, have you lived in a community property state or to | erritory? (Community property states and territories include |
| Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texa | is, vvasningion, and vvisconsin.) |
| □ No. Go to line 3. □ Yes. Did your spouse, former spouse, or legal equivalent live with you at the | ne time? |
| No | io mile. |
| Yes. In which community state or territory did you live? | . Fill in the name and current address of that person. |
| a for in which continuity out of landing and | |
| | www |
| Name of your spouse, former spouse, or legal equivalent | |
| Number Street | - |
| | |
| City State ZIP Co | de |
| 3. In Column 1, list all of your codebtors. Do not include your spouse as a c | odebtor if your spouse is filing with you. List the person |
| shown in line 2 again as a codebtor only if that person is a guarantor or | cosigner. Make sure you have listed the creditor on |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule E/F, or Schedule G to fill out Column 2. | Schedule & (Official Fulfil 1989). Use Schedule D, |
| Stricture D1, or octroduce of to int out working 2. | |
| Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt |
| | Check all schedules that apply: |
| 3.1 | Schedule D, line |
| Name | Schedule E/F, line |
| Number Street | ☐ Schedule G, line |
| Mailings Origon | Constant of the |
| City State ZIP (| Code |
| 3.2 | Schedule D, line |
| Name | Schedule E/F, line |
| Number Street | Schedule G, line |
| | |
| | Code |
| 3.3 | Schedule D, line |
| Name | ☐ Schedule E/F, line |
| Number Street | ☐ Schedule G, line |

page 1 of ____

State

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Debtor 1 Case number (# known).

| | Additional Page to List More Codebtors | | | |
|----------|--|--|--|----------------|
| | Column 1: Your codebtor | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: | |
| 3 | area't one bank. | | , | |
| | Name | | Schedule D, line | |
| | 565 PILOT (Logal | | Schedule E/F, line | - |
| | Number Street | | Schedule G, line | |
| | City State | ZIP Code | <u>.</u> | |
| 3 | City State | ZIF COUG | | |
| | Name O C C | | Schedule D, line | |
| | 3601 1) Western Ave | | ☐ Schedule E/F, line | |
| | Number Street | | Schedule G, line | |
| | CHO TI 00616 | | | |
| <u> </u> | City State | ZIP Code | | - |
| 3 | | | _ Schedule D, line | |
| | Name | | Schedule E/F, line | |
| | No. Co. | | Schedule G, line | |
| | Number Street | | <u> </u> | |
| | City State | ZIP Code | _ | |
| 3 | | | | |
| ٥ | Name | | Schedule D, line | |
| | na()6 | | ☐ Schedule E/F, line | Ì |
| | Number Street | | Schedule G, line | 1 |
| | | | _ | |
| | City State | ZIP Code | | 1 |
| 3 | | L. SANTANISAN TO THE TAX TO THE T | _ Schedule D, line | |
| | Name | | ☐ Schedule E/F, line | |
| | Number Street | | Schedule G, line | |
| | Nation Super | 1 | | |
| | City State | ZIP Code | | |
| 3 | | | | ı |
| | Name | * | Schedule D, line | Andrew Control |
| | | | Schedule E/F, line | |
| | Number Street | | Cal Schedule G, line | |
| | City State | ZIP Code | | |
| | City State | ZF COCCE | | 1 |
| 3 | Name | | Schedule D, line | ĺ |
| | Natio | | ☐ Schedule E/F, line | |
| | Number Street | | Schedule G, line | |
| | | | | |
| | City State | ZIP Code | | $\frac{1}{2}$ |
| 3 | | | _ Schedule D, line | |
| | Name | | Schedule E/F, line | |
| | N | | Schedule G, line | |
| | Number Street | | | |
| | City State | ZIP Code | | |

| Fill in this information to identify | your case: | | | |
|--|--|---------------------------------|-------------------------------|---|
| Debtor 1 Jalasha | c Johns | 50N | | |
| First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | Northern District of Illinois | | ľ | |
| Case number | | | Check if t | this is: |
| (If known) | | | | nended filing |
| | | | | plement showing postpetition chapter 13 e as of the following date: |
| Official Form 106l | | | <u> 10 ·</u> | 20.70(7) |
| | Ir Iroomo | | MM / L | |
| Schedule I: You | | | | or 2), both are equally responsible for |
| supplying correct information. If you are separated and your spouseparate sheet to this form. On the Part 1: Describe Employm | ise is not filing with you, or top of any additional pag | do not include inf | formation about your spo | you, Include Information about your spouse. ouse. If more space is needed, attach a known). Answer every question. |
| Fill in your employment information. | | Debtor 1 | | Debtor 2 or non-filing spouse |
| If you have more than one job, attach a separate page with | Employment status | □ E mployed | | ☐ Employed |
| Information about additional employers. | | Not employ | red | ☐ Not employed |
| Include part-time, seasonal, or self-employed work. | 0 | | | |
| Occupation may include student or homemaker, if it applies. | Occupation | dication visitation | | |
| | Employer's name | | | |
| | Employer's address | | | |
| | | Number Street | | Number Street |
| | | | | |
| | , | | | |
| | | | | |
| | <u> </u> | City | State ZIP Code | City State ZIP Code |
| | How long employed ther | re? | | Name and the date of the control of |
| Part 2: Give Details About | Monthly Income | | | |
| Estimate monthly income as of spouse unless you are separated. | | n. If you have noth | ing to report for any line, w | rite \$0 in the space. Include your non-filing |
| If you or your non-filing spouse habelow. If you need more space, at | ive more than one employe | r, combine the info | ormation for all employers f | or that person on the lines |
| | | | For Debtor 1 | For Debtor 2 or non-filing spouse |
| List monthly gross wages, sale deductions). If not paid monthly, | ary, and commissions (be calculate what the monthly | fore all payroll wage would be. | 2. \$ | \$ |
| 3. Estimate and list monthly over | time pay. | | 3. +\$ | + \$ |
| 4. Calculate gross income. Add lin | ne 2 + line 3. | | 4. \$ | \$ |

page 1

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Debtor 1

| • | Lakas | ha chanta | Johnson |
|------------|-------------|-----------|---------|
| First Name | Middle Name | Last Name | |

Case number (if known)

| | , | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|--|-------------|-----------------------|-----------------------------------|----------------|
| Copy line 4 here | → 4. | s (*) | \$ | |
| | | | | |
| 5. List all payroll deductions: | | - ~ | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 5 | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ | \$ | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ | \$ | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ | \$ | |
| 5e. Insurance | 5e. | \$ | \$ | |
| 5f. Domestic support obligations | 5f. | \$ | \$ <u></u> | : |
| 5g. Union dues | 5g. | \$ | \$ | |
| 5h. Other deductions. Specify: | 5h. | +\$ | + \$ | : |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5f | n. 6. | \$ | \$ | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | <u>\$</u> | \$ | |
| 8. List all other income regularly received: | | | | |
| Net income from rental property and from operating a business, profession, or farm | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | s 0 | \$ | |
| 8b. Interest and dividends | 8b. | s () | \$ | |
| 8c. Family support payments that you, a non-filing spouse, or a depend regularly receive | lent | 0 | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | \$ | |
| 8d. Unemployment compensation | 8d. | \$ \(\) | \$ | |
| 8e. Social Security | 8e. | <u>\$</u> | \$ | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | ince 8f. | <u> </u> | \$ | |
| 8g. Pension or retirement income | 8g. | <u> </u> | \$ | |
| 8h. Other monthly income. Specify: | 8h | +\$ | +\$ | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | s 0 | \$ | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | + \$= | \$ |
| 11. State all other regular contributions to the expenses that you list in Scho | edule J | <i>1</i> . | | |
| Include contributions from an unmarried partner, members of your household, friends or relatives. | • | | | |
| Do not include any amounts already included in lines 2-10 or amounts that are | e not av | vailable to pay expen | _ | |
| Specify: | | | 11. 🛨 | \$ |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain | | | - | \$Combined |
| 13. Do you expect an increase or decrease within the year after you file this | form? | • | | monthly income |
| Yes. Explain: | | | | |
| <u> </u> | | | | ···· |

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| Check if this is: An amended filing A supplement showing postpetition chapter 13 expenses as of the following date: MM / DD / YYYY |
|--|
| |
| 12/15 |
| other, both are equally responsible for supplying correct top of any additional pages, write your name and case number |
| |
| Household of Debtor 2. |
| dent's relationship to Dependent's Does dependent live |
| r 1 or Debtor 2 age with you? |
| No Pres Day her Pres No Pres |
| |
| g this form as a supplement in a Chapter 13 case to report chedule J, check the box at the top of the form and fill in the the value of m 106L) Your expenses |
| te mo Circumstantia |

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| Lake | tha CJO | MOON | Case number (# known) |
|----------------------------|------------|------|-----------------------|
| First blome Affiddie blome | Lord Maron | | |

| | | | Your expenses |
|-----|--|------|-----------------|
| 5, | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ |
| 6. | Utilities: | | , |
| ٥. | 6a. Electricity, heat, natural gas | 6a. | s 150 |
| | 6b. Water, sewer, garbage collection | 6b. | s D |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ |
| | 6d. Other. Specify: | 6d. | \$ |
| 7. | | 7. | \$ 1000 |
| 8. | Childcare and children's education costs | 8. | s |
| 9. | Clothing, laundry, and dry cleaning | 9. | s |
| 10. | Personal care products and services | 10. | s 0 |
| 11. | Medical and dental expenses | 11. | s |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ |
| 14. | Charitable contributions and religious donations | 14. | s ① |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a, | $_{\mathbf{s}}$ |
| | 15b. Health insurance | 15b. | s |
| | 15c. Vehicle insurance | 15c. | • 0 |
| | 15d. Other insurance. Specify: | 15đ. | s |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | <u>\$</u> |
| 17. | installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a. | s |
| | 17b. Car payments for Vehicle 2 | 17b. | s |
| | 17c. Other. Specify: | 17c. | s |
| | 17d. Other. Specify: | 17d. | <u>s</u> |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). | 18. | s |
| 19. | | | 0 |
| | Specify: | 19. | \$ |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | \sim |
| | 20a. Mortgages on other property | 20a, | s |
| | 20b. Real estate taxes | 20b. | s |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | <u>\$</u> |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | <u> </u> |
| | 20a Homenumer's association or condominium dues | 200 | • () |

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| Debtor 1 | (if known) | +\$ |
|---|----------------------|--------------------------|
| 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. | 22a. 22b. 22c. | \$ 150 \$ 0 \$ 150 |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23a. 23b. 23c. | s 0 -s 750 s - 750 |
| For example, do you expect to finish paying for your car loan within the year of do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. Explain here: | • | |

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| | Fill in this information to identify | your case: | | | | |
|--------|---|---|--|---------------------------|-------------------------------|--|
| | David Lava | sha c Johnson | Oh It if this | 1 | | |
| | Debtor 1 First Name | Middle Name Last Name | Check if this | | | |
| | Debtor 2 (Spouse, if filing) First Name | Middle Name Last Name | An amen | | - | petition chapter 13 |
| | United States Bankruptcy Court for the: | Northern District of Illinois | | | nowing posy the following | |
| | Case number | | MM / DD / | <u>) 20</u> | | • |
| | (If known) | | | | | |
| | Official Form 106J-2 | | | | | _ |
| 5 | Schedule J-2: E | xpenses for Sepa | rate Household | of D | ebtor 2 | 2 12/15 |
| D o | Pebtor 2 have one or more depend only with respect to expenses for l | ate household expenses ONLY IF De lents in common, list the dependent Debtor 2 that are not reported on Sc is form. On the top of any additional | ts on both Schedule J and this fo hedule J. Be as complete and ac | <i>rm. Ar.</i> :curate | iswer the qui as possible. | estions on this form If more space is |
| | Part 1: Describe Your Hou | sehold | | | | |
| 1. | Do you and Debtor 1 maintain se | eparate households? | | | | |
| | No. Do not complete this for Yes | rm. | | | | |
| 2. | Do you have dependents? | □ No | Dependent's relationship to | C | Dependent's | Does dependent live |
| | Do not list Debtor 1 but list all | Yes. Fill out this information for each dependent | Debtor 2: | a _ | ge | with you? |
| | other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on | each dependent | | | | ☐ No ☐ Yes |
| | Schedule J. | | | | | □ No |
| | Do not state the dependents' names. | | M | | | ☐ Yes |
| | | | | | | □ No |
| | | | | | | Yes |
| | | | | | | □ No □ Yes |
| | • | | | | | □ No |
| | | | | | ····· | Yes |
| 3. | Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1? | □ No □ Yes | | | | |
| P | art 2: Estimate Your Ongo | ing Monthly Expenses | | | | |
| E | stimate your expenses as of you | r bankruptcy filing date unless you a | are using this form as a supplem | ent in a | Chapter 13 | case to report |
| | expenses as of a date after the bar | | | | | |
| lr | nclude expenses paid for with nor | n-cash government assistance if yo | u know the value of | | and the second | |
| | | d it on Schedule I: Your Income (Off | | • | Your expe | nses |
| 4 | The rental or home ownership any rent for the ground or lot. | expenses for your residence. Include | e first mortgage payments and | 4. | \$ | And the second s |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. | \$ | |
| | 4b. Property, homeowner's, or r | renter's insurance | | 4b. | \$ | |
| | 4c. Home maintenance, repair, | | | 4c. | \$ | |
| | 4d. Homeowner's association o | | | 4d. | \$ | |

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| Debtor 1 | | Lasho | ic July | $\mathcal{D}\mathcal{N}$ | Case number (if known) |
|----------|------------|--------------|----------|--------------------------|------------------------|
| | First Name | Midde Name L | ast Name | | |

| | | | Your expenses |
|------|---|------|---------------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ |
| 6. | Utilities: | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ |
| | 6b. Water, sewer, garbage collection | 6b. | \$ |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ |
| 1 | 6d. Other. Specify: | 6d. | \$ |
| - 7. | | 7. | \$ |
| 8. | | 8. | \$ |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ |
| 10. | Personal care products and services | 10. | \$ |
| 11 | Medical and dental expenses | 11. | \$ |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | | |
| | Do not include car payments. | 12. | \$ |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ |
| 14. | Charitable contributions and religious donations | 14. | \$ |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | • |
| : | 15a. Life insurance | 15a, | \$ |
| | 15b. Health insurance | 15b. | \$ |
| | 15c. Vehicle insurance | 15c. | \$ |
| | 15d. Other insurance. Specify: | 15d. | \$ |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ |
| | • • | | ę |
| | 17b. Car payments for Vehicle 2 17c. Other. Specify: | 17b | \$ |
| | • • | 17c. | - |
| | 17d. Other. Specify: | 17d. | \$ |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ |
| 19. | Other payments you make to support others who do not live with you. | | |
| | Specify: | 19. | \$ |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e. | • |
| | 20a. Mortgages on other property | 20a. | \$ |
| | 20b. Real estate taxes | 20b. | \$ |
| | 20c. Property, homeowner's, or renter's insurance | 20a | \$ |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ |

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| | • | First Name | Middle Name | Last Name | | | | | | |
|--------------|-----------------------|----------------------------|---|---|---|--|--------------|---------------------------------------|--|----|
| | | | | Last Name | | | | | | |
| | | | | the state of the state of the state of | | A COMPANY OF THE PROPERTY OF T | | | ه د ساده د د د د د د د د د د د د د د د د د د | · |
| 21. O | ther. Sp | ecify: | | | | | 21. | +\$ | | |
| | | 4.4 | A.J.d.15 | r shows h Od | | | | | • | 1 |
| Tì | he result | is the mont | ses. Add lines hly expenses o otor 1 and Debt | f Debtor 2. Copy the re | sult to line 22b of | Schedule J to calculate the | he 22. | \$ | | |
| | | | | , | | | | | | |
| 23. Lin | ne not us | ed on this f | orm. | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 24. Do | you ex | pect an inc | rease or decre | ase in your expenses | within the year a | fter you file this form? | | | | |
| Fo | r exampl ortgage p | le, do you e payment to | xpect to finish p ncrease or dec | paying for your car loan rease because of a mod | within the year or diffication to the ten | do you expect your ms of your mortgage? | | | | |
| | No. | | | | | | <u></u> | | | |
| | Yes. | Explain h | ere: | | | | | | | |
| | | | | | | | | | | : |
| | | | - | | | | | | | |
| | ļ | | | | | | , | · · · · · · · · · · · · · · · · · · · | | _] |

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| Fill in this in | formation to identify y | our case: | | |
|--|-----------------------------|-----------------------|-----------|---|
| Debtor 1 | Lakasna | Chanta | Sonnson | 1 |
| _ | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, If filing) | First Name | Middle Name | Last Name | |
| United States I | Bankruptcy Court for the: N | orthern District of I | llinois | |
| Case number | | | | |
| (if known) | | | | |
| ······································ | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Did/you pay or agree to pay someone who is | NOT an attorney to help you fill out bankruptcy forms? |
|---|--|
| M No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| | |
| Under penalty of perjury, I declare that I have that they are true and correct. | e read the summary and schedules filed with this declaration and |
| Signature of Debtor 1. | Signature of Debtor 2 |
| In 20. 201 | Date |
| Date V V //V | Date |

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| , | | | | | |
|---------------------------------|------------------------------|-----------------------|--------------------------|--|------------------------------------|
| Fill in this in | formation to identify yo | our case: | | | |
| Debtor 1 | La Vagha First Name | Chanta Middle Name | Say Son | | |
| Debtor 2 (Spouse, if filing) | Fast Name | Middle Name | Last Name | | |
| United States 6 | Bankruptcy Court for the: No | orthern District of | Illinois | | |
| Case number (If known) | | | | | Check if this is an amended filing |
| <u> </u> | | | | - | _ |
| | orm 107 | | | | |
| Statem | ent of Financ | cial Affai | rs for Indivi | duals Filing for Bankruptcy | 04/16 |
| Be as comple | te and accurate as pos | sible. If two mar | ried people are filing (| ogether, both are equally responsible for supplyin | g correct |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Give Details About Your Marital Sta | tus and Where Y | ou Lived Before | |
|--|--|---|--|
| 1. What is your current marital status? Married Not married | | | |
| 2. During the last 3 years, have you lived anywhere No Yes. List all of the places you lived in the last 3 years. | | | |
| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
| \$ * * | | Same as Debtor 1 | Same as Debtor 1 |
| Number Street | From To | Number Street | From |
| City State - ZIP Code | | City State ZIP Code | ************************************** |
| 1 | | ☐ Same as Debtor 1 | Same as Debtor 1 |
| Number Street | From To | Number Street | From |
| City State ZIP Code | | City State ZIP Code | |
| 3. Within the last 8 years, did you ever live with a s states and territories include Arizona, California, Ida \[\textstyle \text{No} \] \[\textstyle Yes. Make sure you fill out Schedule H: Your California is the state of the sta | aho, Louisiana, Neva odebtors (Official For | da, New Mexico, Puerto Rico, Texas, Washington, and T | ommunity property Nisconsin.) |

Part 2

Explain the Sources of Your Income

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| If you are filing a joint case and you have income You Yes. Fill in the details. | d from all jobs and all busi | inesses, including part-tir | r or the two previous caled the activities. er Debtor 1. | ndar years? |
|---|--|--|---|--|
| | Debtor 1 | | Debtor 2 ve +1 | |
| | Sources of income Check all that apply. | Gross Income (before deductions and exclusions) | Sources of income Check all that apply. | Gross Income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | <u>s_5500</u> | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| For last calendar year: (January 1 to December 31, | Wages, commissions, bonuses, tips Operating a business | s | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| | | | | |
| For the calendar year before that: (January 1 to December 31,) Did you receive any other income during a lincude income regardless of whether that in unemployment, and other public benefit pays a smalling and lottery winnings. If you are filing any lottery winnings. | come is taxable. Examples ments; pensions; rental inc | s of <i>other income</i> are alin come; interest; dividends; | money collected from laws | uits; royalties; and |
| (January 1 to December 31, 2015) Did you receive any other income during a linclude income regardless of whether that in | bonuses, tips) Operating a business this year or the two previousments; pensions; rental incig a joint case and you have | s of other income are alin come; interest; dividends; se income that you receiv | operating a business Operating a business nony; child support; Social someoney collected from laws ed together, list it only once | uits; royalties; and |
| Did you receive any other income during include income regardless of whether that in unemployment, and other public benefit payr gambling and lottery winnings. If you are fillin List each source and the gross income from | bonuses, tips) Operating a business this year or the two previous is taxable. Examples ments; pensions; rental incig a joint case and you have each source separately. D | s of other income are alin come; interest; dividends; se income that you receiv | bonuses, tips Operating a business nony; child support; Social 3 money collected from laws ed together, list it only once it you listed in line 4. | uits; royalties; and |
| Did you receive any other income during a linclude income regardless of whether that in unemployment, and other public benefit payr gambling and lottery winnings. If you are fillin List each source and the gross income from | bonuses, tips) Operating a business this year or the two previous is taxable. Examples ments; pensions; rental incig a joint case and you have each source separately. Debtor 1 | s of other income are alincome; interest; dividends; the income that you received not include income that Gross income from each source (before deductions and | bonuses, tips Operating a business nony; child support; Social 3 money collected from laws ed together, list it only once it you listed in line 4. Debtor? Sources of income | uits; royalties; and under Debtor 1. Gross Income from each source (before deductions and |

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| 1 Fin | Talka Sha C J | | Case r | number (# known) | |
|-----------|---|---|----------------------------|-------------------------------|---|
| 3: Lis | st Certain Payments You Made Bo | efore You Filed | for Bankruptcy | | |
| re eithér | Debtor 1's or Debtor 2's debts primari | ly consumer deb | ts? | | |
| No. N | leither Debtor 1 nor Debtor 2 has prima | urily consumer de | ebts. Consumer debts ar | re defined in 11 U.S.C. § 10 | (8) as |
| | ncurred by an individual primarily for a pe ouring the 90 days before you filed for ban | | | \$6,425* or more? | |
| | - | | • | | |
| | No. Go to line 7. | | | | |
| <u></u> | Yes. List below each creditor to whom total amount you paid that credito child support and alimony. Also, d | r. Do not include p | ayments for domestic su | upport obligations, such as | |
| * (| Subject to adjustment on 4/01/19 and eve | ery 3 years after th | at for cases filed on or a | after the date of adjustment. | |
| Yes. D | ebtor 1 or Debtor 2 or both have prima | rily consumer de | bts. | | |
| | During the 90 days before you filed for ban | | | \$600 or more? | |
| Г | No. Go to line 7. | | | | |
| | Yes. List below each creditor to whom | | CCOO or more and the to | atal amount you paid that | |
| • | creditor. Do not include payments alimony. Also, do not include payr | for domestic supp | oort obligations, such as | child support and | |
| | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | | | | | |
| | | | \$ | \$ | ☐ Mortgage |
| | Creditor's Name | 4. | \$ | \$ | ☐ Mortgage ☐ Car |
| | | | \$ | \$ | |
| | Creditor's Name Number Street | | \$ | \$ | ☐ Car☐ Credit card |
| | | | \$ | <u>\$</u> | ☐ Car ☐ Credit card ☐ Loan repayment |
| | Number Street | | \$ | <u> </u> | ☐ Car ☐ Credit card ☐ Loan repayment |
| | | de | \$ | \$ | Car Credit card Loan repayment Suppliers or vende |
| | Number Street | de | \$ | \$\$ | Car Credit card Loan repayment Suppliers or vende |
| | Number Street | de | \$\$ | \$\$ | ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vende ☐ Other ☐ Mortgage |
| | Number Street City State ZIP Cod Creditor's Name | 216 | \$\$ | \$\$ | Car Credit card Loan repayment Suppliers or vende Other Mortgage |
| | Number Street City State ZJP Cod | de la constant de la | \$ | \$\$ | Car Credit card Loan repayment Suppliers or vende Other Mortgage Car Credit card |
| | Number Street City State ZIP Cod Creditor's Name | Je | \$ | \$\$ | Car Credit card Loan repayment Suppliers or vender Other Mortgage Car Credit card Loan repayment |
| | Number Street City State ZIP Cod Creditor's Name | | \$ | \$\$ | Car Credit card Loan repayment Suppliers or vende Other Mortgage Car Credit card Loan repayment Suppliers or vende |
| | Number Street City State ZIP Cod Creditor's Name | | \$\$ | \$\$ | Car Credit card Loan repayment Suppliers or vender Other Mortgage Car Credit card Loan repayment |
| | Number Street City State ZIP Cod Creditor's Name | | \$\$ | \$\$ | Car Credit card Loan repayment Suppliers or vendo Other Mortgage Car Credit card Loan repayment Suppliers or vendo |
| | Number Street City State ZIP Cod Creditor's Name | | \$\$\$\$ | \$ | Car Credit card Loan repayment Suppliers or vendo Other Mortgage Car Credit card Loan repayment Suppliers or vendo |
| | City State ZIP Cod Creditor's Name Number Street City State ZIP Cod Creditor's Name | | \$\$ | \$ | Car Credit card Loan repayment Suppliers or vender Other Mortgage Car Credit card Loan repayment Suppliers or vender Other |
| | Number Street City State ZIP Cod Creditor's Name Number Street City State ZIP Cod | | \$\$ | \$ | Car Credit card Loan repayment Suppliers or vender Mortgage Car Credit card Loan repayment Suppliers or vender Cother Mortgage Car Cother Cother Mortgage Car Cother |
| | City State ZIP Cod Creditor's Name Number Street City State ZIP Cod Creditor's Name | | \$\$ | \$ | Car Credit card Loan repayment Suppliers or vendo Other Mortgage Car Credit card Loan repayment Suppliers or vendo Other Other Credit card Credit card Credit card Credit card Credit card Credit card |

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| Vithin 1 year before you filed insiders include your relatives; orporations of which you are a gent, including one for a busing the schild support and alim | any general partners; re an officer, director, perso ness you operate as a so | elatives of any on in control, o | general partners; p or owner of 20% or r | artnerships of whic more of their voting | h you are a general partner; |
|---|---|-------------------------------------|---|---|--|
| u™no ☑ Yes. List all payments to a | n insider. | Dates of payment | Total amount | Amount you still owe | Reason for this payment |
| Insider's Name | | | \$ | \$ | |
| Number Street | | | | | |
| | | | | | |
| City | State ZIP Code | | s | s | |
| Insider's Name | | | Ψ | · V | |
| Number Street | | | | | |
| | | | | | |
| City | State ZIP Code | <u></u> | | | |
| | d for bankruptcy, did yo | | payments or trans: Total amount paid | fer any property o Amount you still owe | n account of a debt that benefited Reason for this payment Include creditor's name |
| ithin 1 year before you filed i insider? clude payments on debts gua | d for bankruptcy, did yo aranteed or cosigned by benefited an insider. | an insider. Dates of | Total amount | Amount you still | Reason for this payment |
| ithin 1 year before you filed insider? clude payments on debts gua No Yes. List all payments that | d for bankruptcy, did yo aranteed or cosigned by benefited an insider. | an insider. Dates of | Total amount | Amount you still | Reason for this payment |
| ithin 1 year before you filed in insider? clude payments on debts guant No Yes. List all payments that | d for bankruptcy, did yo aranteed or cosigned by benefited an insider. | an insider. Dates of | Total amount | Amount you still | Reason for this payment |
| ithin 1 year before you filed insider? clude payments on debts guaranteed in No. No. Yes. List all payments that Insider's Name | d for bankruptcy, did your aranteed or cosigned by benefited an insider. | an insider. Dates of | Total amount | Amount you still | Reason for this payment |

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| | | | | , |
|---|---|---|--|---|
| | epossessions, and Forecl | | | - 110 |
| Nithin 1 year before you filed for ba .ist all such matters, including persons | nkruptcy, were you a party in al injury cases, small claims act | any lawsuit, court action, or admitions, divorces, collection suits, pater | inistrative proce nity actions, sup | eding? port or custody modification |
| nd contract disputes. | | | | |
| ☑ No ☑ Yes. Fill in the details. | | | | ٠, |
| | Nature of the case | Court or agency | • | Status of the case |
| | | | | Pending |
| Case title | | Court Name | | On appeal |
| | W. Carlotte | Number Street | | ☐ Conduded |
| Case number | | | 7000 | |
| | | City Sta | te ZIP Code | naging da Wasanima sadadaya amusas madayani kataribanin daris entad |
| Case title | | Court Name | ···· | Pending |
| Cose the | <u></u> | Courtivana | | On appeal |
| | | Number Street | | Concluded |
| Case number | | City Sta | te ZIP Code | |
| | | J., | | |
| Value Costs line 11 | | pperty repossessed, foreclosed, g | arnished, attact | ed, seized, or levied? |
| | | | arnished, attach | ed, seized, or levied? Value of the property |
| neck all that apply and fill in the detail | ils below. | | | *. · · |
| neck all that apply and fill in the detain No. Go to line 11. | ils below. | | | * |
| neck all that apply and fill in the detain No. Go to line 11. Yes. Fill in the information below. Creditor's Name | Describe the | property | | * |
| neck all that apply and fill in the detain No. Go to line 11. Yes. Fill in the information below. | Describe the | property | | * |
| neck all that apply and fill in the detain No. Go to line 11. Yes. Fill in the information below. Creditor's Name | Describe the Explain what | property | | * |
| No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street | Explain what Propert Propert Propert | property happened y was repossessed. y was foreclosed. y was garnished. | | *. · · |
| neck all that apply and fill in the detain No. Go to line 11. Yes. Fill in the information below. Creditor's Name | Explain what Propert Propert ZIP Code Propert | property happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or levied. | Date | Value of the property |
| No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street | Explain what Propert Propert Propert | property happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or levied. | | * |
| No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street | Explain what Propert Propert ZIP Code Propert | property happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or levied. | Date | Value of the property |
| No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street | Explain what Propert Propert ZIP Code Propert | property happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or levied. | Date | Value of the property |
| No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State | Explain what Propert Propert ZIP Code Propert | property happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or levied. property | Date | Value of the property |
| No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State | Explain what Propert Propert Propert Propert Describe the | property happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or levied. property happened | Date | Value of the property |
| No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State | Explain what Propert | property happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or levied. property | Date | Value of the property |

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| | st Name | ····· | |
|--|---|-----------------------------|-------------------|
| | | | |
| | | | |
| thin 90 days before you filed for bankri | uptcy, did any creditor, including a bank or financial institut | tion, set off any a | mounts from your |
| counts or refuse to make a payment be | ecause you owed a debt? | | |
| No Yes, Fill in the details. | | | |
| res. Fill in the details. | | | |
| | Describe the action the creditor took | Date action was taken | Amount |
| Creditor's Name | | 7 | <i>1</i> |
| | | | • |
| Number Street | | | P |
| | | | |
| | | | , |
| City State ZIP Code | Last 4 digits of account number: XXXX | | |
| Under State 21 Over | LEGET GIGHTS OF GOODGES HUHIDON, 1999- | | |
| thin 1 year hefere you filed for hank | otcy, was any of your property in the possession of an assig | inee for the bene | fit of |
| min 1 year before you filed for bankfup iditors, a court-appointed receiver, a ci | | grovier ale selle | VI |
| No | • | | |
| Yes | | | |
| | | | |
| List Certain Gifts and Contrib | utions | | |
| ٠ | | | |
| hip∕2 years before you filed for bankru | ptcy, did you give any gifts with a total value of more than \$ | \$600 per person? | , |
| No | | | |
| Yes. Fill in the details for each gift. | | | |
| | | | |
| | | · · | |
| Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave | Value |
| • . | Describe the gifts | Dates you gave the gifts | Value |
| Gifts with a total value of more than \$600 | Describe the gifts | | Value |
| Gifts with a total value of more than \$600 | Describe the gifts | | Value |
| Gifts with a total value of more than \$600 per person | Describe the gifts | | Value \$ |
| Gifts with a total value of more than \$600 per person | Describe the gifts | | Value \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | | Value \$ \$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | | Value \$ \$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | Describe the glifts | | Value \$ \$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | | Value \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code | Describe the gifts | | Value \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code | Describe the gifts | the gifts | \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | Describe the gifts Describe the gifts | Dates you gave | \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | | the gifts | \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | | Dates you gave | \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | Dates you gave | \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | Dates you gave | \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | Dates you gave | \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | Dates you gave | \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$\$ |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$ |

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| | | t | Odinada uma ak 00 |
|--|---|--|---|
| | ruptcy, did you give any gifts or contributions with a total va | iue of more than \$6 | ou to any charity? |
| NoYes. Fill in the details for each gift or c | antribution | | |
| a res. Firm the details for each girt of c | onusodios. | | |
| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
| | | | |
| Charity's Name | | | \$ |
| | | l | \$ |
| | | | |
| Number Street | | | |
| | | *** | |
| 0h 210 0-d | interes | | |
| City State ZIP Code | <u> </u> | | |
| NAME OF THE OWNER O | | | |
| | | | |
| 6: List Certain Losses Within 1 year before you filed for banking isaster, or gambling? No Yes. Fill in the details. | uptcy or since you filed for bankruptcy, did you lose anythin | g because of theft, | fire, other |
| /ithin 1-year before you filed for banknisser, or gambling? | uptcy or since you filed for bankruptcy, did you lose anythin Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your | fire, other Value of property lost |
| /ithin 1-year before you filed for banknisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance | Date of your | Value of property |
| /ithin 1-year before you filed for banknisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance | Date of your | Value of property |
| /ithin 1-year before you filed for banknisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance | Date of your | Value of property |
| /ithin 1 year before you filed for bankmisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your | Value of property |
| /ithin 1-year before you filed for bankmisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers | Date of your loss | Value of property lost |
| /ithin 1-year before you filed for bankmisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred //ithin 1 year before you filed for bankmou consulted about seeking bankmupto | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or trey or preparing a bankruptcy petition? | Date of your loss | Value of property lost |
| /ithin 1-year before you filed for bankmisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred //ithin 1 year before you filed for bankmou consulted about seeking bankmupto | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tre | Date of your loss | Value of property lost |
| //ithin 1 year before you filed for bankmisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred //ithin 1 year before you filed for bankmou consulted about seeking bankrupto clude any attorneys, bankruptcy petition | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or trey or preparing a bankruptcy petition? | Date of your loss | Value of property lost |
| //ithin 1 year before you filed for bankmisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred // List Certain Payments or Translation of the property of the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or trey or preparing a bankruptcy petition? | Date of your loss | Value of property lost |
| //ithin 1 year before you filed for bankmisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred //ithin 1 year before you filed for bankmou consulted about seeking bankrupto clude any attorneys, bankruptcy petition | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule AB: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in | Date of your loss ansfer any property your bankruptcy. | Value of property lost |
| //ithin 1 year before you filed for bankmisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred //ithin 1 year before you filed for bankmou consulted about seeking bankrupto clude any attorneys, bankruptcy petition | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule AB: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in | Date of your loss | Value of property lost \$ to anyone |
| //ithin 1 year before you filed for bankmisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred //ithin 1 year before you filed for bankmou consulted about seeking bankrupto actude any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Pald | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule AB: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in | Date of your loss ansfer any property your bankruptcy. Date payment or transfer was | Value of property lost \$ to anyone Amount of paymen |
| /ithin 1 year before you filed for bankri isaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred //ithin 1 year before you filed for bankri ou consulted about seeking bankrupto include any attorneys, bankruptcy petition No Yes. Fill in the details. | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule AB: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in | Date of your loss ansfer any property your bankruptcy. Date payment or transfer was | Value of property lost \$ to anyone Amount of paymen |
| //ithin 1 year before you filed for bankmisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred //ithin 1 year before you filed for bankmou consulted about seeking bankrupto actude any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Pald | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule AB: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in | Date of your loss ansfer any property your bankruptcy. Date payment or transfer was | Value of property lost \$ to anyone Amount of paymen |
| //ithin 1 year before you filed for bankmisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred //ithin 1 year before you filed for bankmou consulted about seeking bankrupto actude any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Pald | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule AB: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in | Date of your loss ansfer any property your bankruptcy. Date payment or transfer was | Value of property lost \$ to anyone Amount of paymen |
| //ithin 1 year before you filed for bankmisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred //ithin 1 year before you filed for bankmou consulted about seeking bankrupto actude any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Pald | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule AB: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in | Date of your loss ansfer any property your bankruptcy. Date payment or transfer was | Value of property lost \$ to anyone Amount of payment |

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| | | | |
|--|---|---|-------------------------------------|
| | Description and value of any property transferred | Date payment or transfer was made | |
| Person Who Was Paid | | Lampane magazita | \$ |
| Number Street | | | • |
| | | *************************************** | Ψ |
| City State ZIP Code | | | |
| Email or website address | - | | |
| Person Who Made the Payment, if Not You | | | |
| No Yes. Fill in the details. | Description and value of any property transferred | transfer was | Amount of payment |
| Person Who Was Paid | | made | |
| Number Street | | | \$ |
| | | | \$ |
| City State ZIP Code | | inv property to anyone other th | an property |
| nin 2 years before you filed for bankrup isferred in the ordinary course of your ude both outright transfers and transfers not not include gifts and transfers that you have | business or financial affairs? nade as security (such as the granting of a securit ve already listed on this statement. | ty interest or mortgage on your pr | operty). |
| nin 2 years before you filed for bankrup esferred in the ordinary course of your | business or financial affairs? nade as security (such as the granting of a securit ve already listed on this statement. Description and value of property Descrip | | operty). |
| nin 2 years before you filed for bankrup isferred in the ordinary course of your ude both outright transfers and transfers n not include gifts and transfers that you have No | business or financial affairs? nade as security (such as the granting of a securit ve already listed on this statement. Description and value of property Descrip | ty interest or mortgage on your pr | operty). d Date transfe <i>r</i> |
| nin 2 years before you filed for bankrup isferred in the ordinary course of your ude both outright transfers and transfers n of include gifts and transfers that you have No Yes. Fill in the details. | business or financial affairs? nade as security (such as the granting of a securit ve already listed on this statement. Description and value of property Descrip | ty interest or mortgage on your pr | operty). d Date transfe <i>r</i> |
| nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers not include gifts and transfers that you have No Yes. Fill in the details. Person Who Received Transfer | business or financial affairs? nade as security (such as the granting of a securit ve already listed on this statement. Description and value of property Descrip | ty interest or mortgage on your pr | operty). d Date transfe <i>r</i> |
| nin 2 years before you filed for bankrup sferred in the ordinary course of your ude both outright transfers and transfers not include gifts and transfers that you have been selected in the details. Person Who Received Transfer Number Street | business or financial affairs? nade as security (such as the granting of a securit ve already listed on this statement. Description and value of property Descrip | ty interest or mortgage on your pr | operty). d Date transfe <i>r</i> |
| nin 2 years before you filed for bankrup is ferred in the ordinary course of your ude both outright transfers and transfers root include gifts and transfers that you have No Yes. Fill in the details. Person Who Received Transfer Number Street | business or financial affairs? nade as security (such as the granting of a securit ve already listed on this statement. Description and value of property Descrip | ty interest or mortgage on your pr | operty). d Date transfe <i>r</i> |

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| Name of trust | Description and value of the prope | ry transperred | | Date transfer was made |
|---|---|---|--|--|
| Name of trust | · | | | ı |
| | | | | *************************************** |
| 8: List Certain Financial Account ithin 1 year before you filed for bankrup osed, sold, moved, or transferred? clude checking, savings, money market | tcy, were any financial accounts o | r Instruments held in y | your name, or for your | |
| okerage houses, pension funds, coope | | | · | • |
| No Yes. Fill in the details. | | | | |
| | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance beficioning or transfer |
| Name of Financial Institution | xxxx | Checking | | \$ |
| Number Street | • | Savings Money market | | |
| THE RESIDENCE OF THE PROPERTY | • | ☐ Brokerage | | |
| | • | | | |
| City State ZIP Code | | O Other | | |
| City State ZIP Code | | | | ************************************* |
| City State ZIP Code Name of Financial institution | | Checking | | \$ |
| Name of Financial institution | | ☐ Checking ☐ Savings | | \$ |
| | | ☐ Checking ☐ Savings ☐ Money market | | \$ |
| Name of Financial institution | | ☐ Checking ☐ Savings | | \$ |
| Name of Financial institution | . xxxx | ☐ Checking ☐ Savings ☐ Money market ☐ Brokerage | | \$ |
| Name of Financial Institution Number Street City State ZIP Code you now have, or did you have within | - | ☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other | | \$ |
| Name of Financial Institution Number Street City State ZIP Code you now have, or did you have within urities, cash, or other valuables? | - | ☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other | oox or other depository | Do you st have it? |
| Name of Financial Institution Number Street City State ZIP Code you now have, or did you have within furities, cash, or other valuables? No Yes. Fill in the details. | 1 year before you filed for bankrup Who else had access to It? | ☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other | oox or other depository | Do you st have it? |
| Name of Financial Institution Number Street City State ZIP Code o you now have, or did you have within curities, cash, or other valuables? | 1 year before you filed for bankrup | ☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other | oox or other depository | Do you st have it? |

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| No Yes, Fill in the details. | ge unit or place other than your hor | e willian 1 you | botolo fou mod to build | -p.w, . | |
|---|--|--|--|-------------------------------|------------------|
| 1 193.1 m m the details. | Who else has or had access | to it? | Describe the contents | | Do you st |
| Name of Storage Facility | Name | | | | ☑ No □ Yes |
| • | | | | | La res |
| Number Street | Number Street | | | | |
| <u></u> | City State ZIP Code | | | | |
| o you hold or control any proper r hold in trust for someone. | Hold or Control for Someone ty that someone else owns? Include | | ou borrowed from, are stor | ring for, | , ,,, |
| l No I Yes. Fill in the details. | | | | | |
| | Where is the property? | | Describe the property | v i | alue |
| Owner's Name | | | | \$. | |
| Number Street | Number Street | | | | |
| | | | - | | |
| | City Stat | ZIP Code | | | |
| | City Stat | ziP Code | L | | |
| | P Code nvironmental information | e ZIP Code | | | |
| the purpose of Part 10, the follow invironmental law means any fed azardous or toxic substances, which will be means any location, facility, of tilize it or used to own, operate, dazardous material means anything | P Code nvironmental information | ion concerning soll, surface wa stances, waster ironmental law a hazardous wa | ter, groundwater, or other i s, or material. , whether you now own, op | medium, erate, or | |
| the purpose of Part 10, the follow invironmental law means any fed azardous or toxic substances, we including statutes or regulations of the means any location, facility, of tilize it or used to own, operate, of azardous material means anything ubstance, hazardous material, por | nvironmental information ling definitions apply: eral, state, or local statute or regular astes, or material into the air, land, s controlling the cleanup of these sub- or property as defined under any env or utilize it, including disposal sites. ng an environmental law defines as | ion concerning coll, surface wa stances, waster ironmental law a hazardous wa | ter, groundwater, or other is, or material. , whether you now own, opuste, hazardous substance, | medium, erate, or | |
| the purpose of Part 10, the follow invironmental law means any fed azardous or toxic substances, will be means any location, facility, of tilize it or used to own, operate, of azardous material means anything ubstance, hazardous material, point all notices, releases, and process. | nvironmental information ling definitions apply: eral, state, or local statute or regulal astes, or material into the air, land, s controlling the cleanup of these sub- or property as defined under any environmental law defines as collutant, contaminant, or similar tem- | ion concerning coll, surface wa stances, waster ironmental law a hazardous wa l. | ter, groundwater, or other is, or material. , whether you now own, op aste, hazardous substance, hey occurred. | medium, erate, or toxic | |
| the purpose of Part 10, the follow invironmental law means any fed azardous or toxic substances, we including statutes or regulations of the means any location, facility, of tilize it or used to own, operate, of azardous material means anything ubstance, hazardous material, point all notices, releases, and process any governmental unit notified. | recode nvironmental information ling definitions apply: eral, state, or local statute or regular astes, or material into the air, land, sontrolling the cleanup of these sub- or property as defined under any environmental law defines as collutant, contaminant, or similar tem- seedings that you know about, regar | ion concerning coll, surface wa stances, waster ironmental law a hazardous wa l. | ter, groundwater, or other is, or material. , whether you now own, op aste, hazardous substance, hey occurred. | medium, erate, or toxic | ? |
| the purpose of Part 10, the follow invironmental law means any fed azardous or toxic substances, we including statutes or regulations of the means any location, facility, of tilize it or used to own, operate, of azardous material means anything ubstance, hazardous material, port all notices, releases, and process any governmental unit notified | recode nvironmental information ling definitions apply: eral, state, or local statute or regular astes, or material into the air, land, sontrolling the cleanup of these sub- or property as defined under any environmental law defines as collutant, contaminant, or similar tem- seedings that you know about, regar | ion concerning soll, surface wa stances, waster ironmental law a hazardous wa L. dless of when t | ter, groundwater, or other is, or material. , whether you now own, op aste, hazardous substance, hey occurred. | medium, erate, or toxic | e of notice |
| the purpose of Part 10, the follow invironmental law means any fed azardous or toxic substances, we including statutes or regulations of the means any location, facility, of tilize it or used to own, operate, azardous material means anything ubstance, hazardous material, point all notices, releases, and products any governmental unit notified. | route nvironmental information ling definitions apply: eral, state, or local statute or regular astes, or material into the air, land, sontrolling the cleanup of these sub- or property as defined under any environmental law defines as collutant, contaminant, or similar tem- seedings that you know about, regard d you that you may be liable or poter | ion concerning soll, surface wa stances, waster ironmental law a hazardous wa L. dless of when t | ter, groundwater, or other is, or material. , whether you now own, op aste, hazardous substance, hey occurred. der or in violation of an env | medium, erate, or toxic | |

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| re you notified any governmental un | it of any release of hazardous mate | erial? | |
|--|--|--|---|
| No | | | |
| Yes. Fill In the details. | | | e e e e e e e e e e e e e e e e e e e |
| | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | |
| Name of site | Governmental unit | _ | |
| Name of Site | governmental min | | |
| Number Street | Number Street | | |
| , | | | |
| | City State ZiP Code | Name of the Control o | • |
| City State ZIP Code | | | |
| City State ZIP Code | E | | |
| eyou been a party in any judicial or | r administrative proceeding under a | any environmental law? Include settlem | ents and orders. |
| No | | | |
| Yes. Fill in the details. | | | |
| | Court or agency | Nature of the case | Status of the |
| | | To the second second | case |
| Case title | | | Pending |
| | Court Name | | On appea |
| | | | |
| | Number Street | 1 | LI Conclude |
| C | | i | 1 |
| Case number | City State ZIP C | Code | |
| Samona . | | | |
| hin 4 years before you filed for ban | | have any of the following connections | to any business? |
| hin 4 years before you filed for bank A sole proprietor or self-employ A member of a limited liability of A partner in a partnership An officer, director, or managin An owner of at least 5% of the v No. None of the above applies. Go | kruptcy, did you own a business or red in a trade, profession, or other company (LLC) or limited liability page executive of a corporation roting or equity securities of a corporation to Part 12. | have any of the following connections activity, either full-time or part-time artnership (LLP) oration | |
| nin 4 years before you filed for band A sole proprietor or self-employ A member of a limited liability of A partner in a partnership An officer, director, or managin An owner of at least 5% of the v No. None of the above applies. Go | kruptcy, did you own a business or red in a trade, profession, or other company (LLC) or limited liability page executive of a corporation roting or equity securities of a corporation for Part 12. | have any of the following connections activity, either full-time or part-time artnership (LLP) oration usiness. Employer Identification | |
| nin 4 years before you filed for band A sole proprietor or self-employ A member of a limited liability of A partner in a partnership An officer, director, or managin An owner of at least 5% of the v No. None of the above applies. Go yes. Check all that apply above and | kruptcy, did you own a business or red in a trade, profession, or other company (LLC) or limited liability page executive of a corporation roting or equity securities of a corporation for Part 12. | have any of the following connections activity, either full-time or part-time artnership (LLP) oration usiness. Employer identification on the proper identification of the properties of t | ion number al Security number or ITIN. |
| hin 4 years before you filed for bank A sole proprietor or self-employ A member of a limited liability of A partner in a partnership An officer, director, or managin An owner of at least 5% of the v No. None of the above applies. Go yes. Check all that apply above and | kruptcy, did you own a business or red in a trade, profession, or other company (LLC) or limited liability page executive of a corporation roting or equity securities of a corporation for Part 12. | have any of the following connections activity, either full-time or part-time artnership (LLP) oration usiness. Employer Identification | ion number al Security number or ITIN. |
| hin 4 years before you filed for band A sole proprietor or self-employ A member of a limited liability of A partner in a partnership An officer, director, or managin An owner of at least 5% of the v No. None of the above applies. Go of Yes. Check all that apply above and | kruptcy, did you own a business or red in a trade, profession, or other company (LLC) or limited liability page executive of a corporation roting or equity securities of a corporation for Part 12. | have any of the following connections activity, either full-time or part-time artnership (LLP) oration usiness. Employer Identificat Do not include Soci | ion number al Security number or ITIN. |
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| hin 4 years before you filed for band A sole proprietor or self-employ A member of a limited liability of A partner in a partnership An officer, director, or managin An owner of at least 5% of the v No. None of the above applies. Go of Yes. Check all that apply above and | kruptcy, did you own a business or red in a trade, profession, or other company (LLC) or limited liability page executive of a corporation roting or equity securities of a corporation to Part 12. I fill in the details below for each be describe the nature of the busin | have any of the following connections activity, either full-time or part-time artnership (LLP) oration usiness Employer Identificat Do not include Soci EIN: per | ion number al Security number or ITIN. |
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| | Describe the nature of the business | Employer identification number Do not include Social Security number or ITIN. |
| Business Name | manufacture 1440 | EIN: |
| Number Street | Name of accountant or bookkeeper | Dates business existed |
| City State ZIP (| Code | From To |
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| hin 2 years before you filed for b titutions, creditors, or other parti | ankruptcy, did you give a financial statement to anyoles. | ne about your business? Include all financial |
| No Yes. Fill in the details below. | • | |
| | Date issued | |
| Name | MM / DD / YYYY | |
| Number Street | | |
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| 24 Sign Below | | |
| iswers are true and correct I und | | roperty, or obtaining money or property by fraud nt for up to 20 years, or both. |
| e Autobia | 19001 x | |
| Signature of Debtor 1 | Signature of Debtor 2 | |
| Date 10 2717 | Date | |
| d you attach additional pages to | Your Statement of Financial Affairs for Individuals Fi | iling for Bankruptcy (Official Form 107)? |
| No | | |
| • | | |
| Yes | one who is not an attorney to help you fill out bankrup | otcy forms? |